

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2006 TO 12/31/2006

TG476-06-0-R
Public Communications Services, Inc.
11859 Wilshire Blvd., Suite 600
Los Angeles, CA 90025-6621

DEPOSIT DATE
673 AUG 14 2006

Bucket # ~~060469~~
060469-TC

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 42822

\$ 50.00 06-03-001
003001

\$ _____ E

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 8-9-06

Initials of Preparer RT

Paula Records

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾	(_____)
COM _____	(see "2. Fees" on back)	(_____)
CTR <u>4.</u>	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
IECR _____		
GCL <u>5.</u>	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
OPC 6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
RCA _____		
SCR <u>7.</u>	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
SGA <u>8.</u>	Extension Payment Fee (see "4. Extension" on back)	_____
SEC <u>9.</u>	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ <u>50.00</u> ⁽²⁾
OTH <u>10.</u>	Number of pay telephones in operation at close of period covered by this Return	_____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)

(Title)

(Date)

Monique Byrnes

(Preparer of Form - Please Print Name)

Telephone Number 407-740-3005 Fax Number 407-740-0613

F.E.I. No. _____

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

Paula Records

TG476-05-0-R
 Public Communications Services, Inc.
 11859 Wilshire Blvd., Suite 600
 Los Angeles, CA 90025-6621
 DEPOSIT DATE
 673 AUG 14 2006
 Docket # 060469-TC

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 42822
 \$ 50.00 06-03-001 003001
 \$ 12.50 P 06-03-001 004011
 \$ 3.00 I
 Postmark Date 8-9-06
 Initials of Preparer RF

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ <u>65.50</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	_____

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(Signature of Company Official)

(Title)

(Date)

Monique Byrnes
 (Preparer of Form - Please Print Name)

Telephone Number

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