STATUS:   Florida Public Service Caluation   For PSC USE ONLY		• 1 ay receptione service r tovider Regulatory Assessment ree Kelurn					
STATUS:   Observices on Back of Firmy Introductions on Back of Firmy   Check #	,		Florida Public Service Compission A	FOR PSC USE O	NLY		
Estimated Return   Public Communications Services, Inc.   Image: Comparison of the services of the service of the services of the service of the service of the service of the service of the services of the service of the servic		STATUS:		Check # 42822			
Amended Return   11859 Wilshire Blvd., Suite 600   s   s   s   s   s   s   004011     PERIOD COVERED:   01/01/2006 TO 1231/2006   01/01/2006 TO 1231/2006   10/01/2006 TO 1231/2006   10/01/2006 TO 1231/2006   004011   004011     Walk Record Mark   01/01/2006 TO 1231/2006   01/01/2006 TO 1231/2006   10/01/2006 TO 1231/2006   10/01/2006 TO 1231/2006   004011     Walk Record Mark   01/01/2006 TO 1231/2006   01/01/2006 TO 1231/2006   004011   10/01/2006 TO 1231/2006   004011     Walk Record Mark   01/01/2006 TO 1231/2006   01/01/2006 TO 1231/2006   01/01/2006 TO 1231/2006   004011     Walk Record Mark   01/01/2006 TO 1231/2006   01/01/2006 TO 1231/2006   01/01/2006 TO 1231/2006   004011     Walk Record Mark   01/01/2006 TO 1231/2006   01/01/2006 TO 1231/2006   01/01/2006 TO 1231/2006   01/01/2006 TO 1231/2006   00/01/2006     ILINE   No.   Account Classification Mailing Address Has Changed   01/01/2006 TO 1231/2006		Actual Return	TG476-06-0-R	\$ 50.00	06-03-001		
PERIOD COVERED: 01/01/2006 TO 1231/2006   Los Angeles, CA 90025-6621   \$					003001		
PERIOD COVERED: 01/01/2006 TO 1231/2006   004011     Paulal Records   Dedict # Construction (Name of Company)   004011     Please Complete Below If Official Mailing Address Has Changed   Initials of Preparer Infiliate of Preparer Infiliates In		Amended Return		\$ E			
01/01/2006 TO 12/31/2006   Image: Complete Below If Official Mailing Address Has Changed   S   Image: Complete Below If Official Mailing Address Has Changed     Postmark Date   P-9.06   Initials of Preparer S   Image: Complete Below If Official Mailing Address Has Changed     (Name of Company)   (Address)   (City/Stat)   Image: Complete Below If Official Mailing Address Has Changed     LINE   NO.   ACCOUNT CLASSIFICATION   AMOUNE     1.   Gross Operating Revenue (Florida)   S		DEDIOD COVEDED.		\$ P			
Image: No.   ACCOUNT CLASSIFICATION   AMOUNE     1.   Gross Operating Revenue (Florida)   \$		01/01/2006 TO 12/31/2006	DATE	\$ I	004011		
(Name of Company)   (Address)   (City/State)   (City/State)   (City/State)     LINE   NO.   ACCOUNT CLASSIFICATION   AMOUNE     1.   Gross Operating Revenue (Florida)   \$		10 als	bodlet # (23 Alle 1 A 2006		$\sim$		
(Name of Company)   (Address)   (City/State)   (City/State)   (City/State)     LINE   NO.   ACCOUNT CLASSIFICATION   AMOUNE     1.   Gross Operating Revenue (Florida)   \$	~	) la Record	OGO419-TC	Posumark Date			
(Name of Company)   (Address)   (City/State)   (City/State)     LINE   ACCOUNT CLASSIFICATION   AMOUNE     1.   Gross Operating Revenue (Florida)   \$	+	autar	Please Complete Below If Official Mailing Address Has Changed		and the second se		
(Name of Company)   (Address)   (City/State)   (City/State)     LINE   ACCOUNT CLASSIFICATION   AMOUNT     1.   Gross Operating Revenue (Florida)   \$					n		
LINE   ACCOUNT CLASSIFICATION   AMOUNE     1.   Gross Operating Revenue (Florida)   \$		(Nome of Comment)			<		
LINE   ACCOUNT CLASSIFICATION   AMOUNE     1.   Gross Operating Revenue (Florida)   \$		(Name of Company)	(Address)		( <u>-(Z</u> ,p)		
NO.   ACCOUNT CLASSIFICATION   AMOUNE     1.   Gross Operating Revenue (Florida)   \$		LINE		$\sim$			
1.   Gross Operating Revenue (Florida)   \$			ACCOUNT CLASSIFICATION		UNE		
2.   Gross Intrastate Revenue     CMP					<u> </u>		
CMP   3. LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> COM   (see "2. Fees" on back)     CTR   4. TOTAL REVENUES for Regulatory Assessment Fee Calculation     (Line 2 less Line 3)   \$		1. Gross Operating	Revenue (Florida)	\$	- <u></u>		
COM   (see "2. Fees" on back)   ()     CTR   4.   TOTAL REVENUES for Regulatory Assessment Fee Calculation   ()     Image: Common com		2. Gross Intrastate F	levenue				
CTR   4.   TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)   \$	CN	LESS. Amounts	▲				
Image: Character in the second sec	CC	OM(see "2. Fees" on	back)	(	)		
ECR	(CT	R 4. TOTAL REVEN	UES for Regulatory Assessment Fee Calculation				
GCL   5.   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   7.   Interest for Late Payment (see "3. Failure to File by Due Date" on back)     SCR   7.   Interest for Late Payment (see "3. Failure to File by Due Date" on back)     SCR   8.   Extension Payment Fee (see "4. Extension" on back)     SEC   9.   TOTAL AMOUNT DUE (MINIMUM \$50.00)     OTH   TO.   Number of pay telephones in operation at close of period covered by	E	(Line 2 less Line	3)	\$	<del></del>		
OPC   -6.   Penalty for Late Payment (see "3. Failure to File by Due Date" on back)     RCA							
-0.   Penalty for Late Payment (see "3. Failure to File by Due Date" on back)     RCA	e	A <u>5.</u> Regulatory Asses	sment Fee Due - ( <i>Multiply Line 4 by 0.0020</i> )				
SCR   7.   Interest for Late Payment (see "3. Failure to File by Due Date" on back)     SGA   8.   Extension Payment Fee (see "4. Extension" on back)     SEC   9.   TOTAL AMOUNT DUE (MINIMUM \$50.00)     OTH   10.   Number of pay telephones in operation at close of period covered by		- Penalty for Late I	Payment (see "3. Failure to File by Due Date" on back)				
SCR	R		Designed (and 1/2) Entities to Ethe has Described and the state				
SECTOTAL AMOUNT DUE (MINIMUM \$50.00) \$50.00 <sup>(2)</sup>	SC	CR	ayment (see 5. Failure to File by Due Date on back)				
OTHNumber of pay telephones in operation at close of period covered by	S	<b>3A</b> <u>8.</u> Extension Payme	nt Fee (see "4. Extension" on back)		<del></del>		
10. Number of pay telephones in operation at close of period covered by			NT DUE (MINIMUM \$50.00)	\$50	.00 (2)		
	0.	10. Number of pay te	lephones in operation at close of period covered by		·		

 These amounts must be <u>intrastate only</u> and must be verifiable (see "2. Fees" on back).
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)
(Preparer of Form - Please Print Name)		2 Fax Number <u>407 740 - 0</u> 613
	F.E.I. No.	
PSC/CMP 026 (Rev. 01/05)	C:\DOCUME~1\pisler\LOCALS~1\Ten	DOCUMENT NUMBER - DATE np\foxmerge37845809\xxmergeformxx.doc 07294 AUG 15 8

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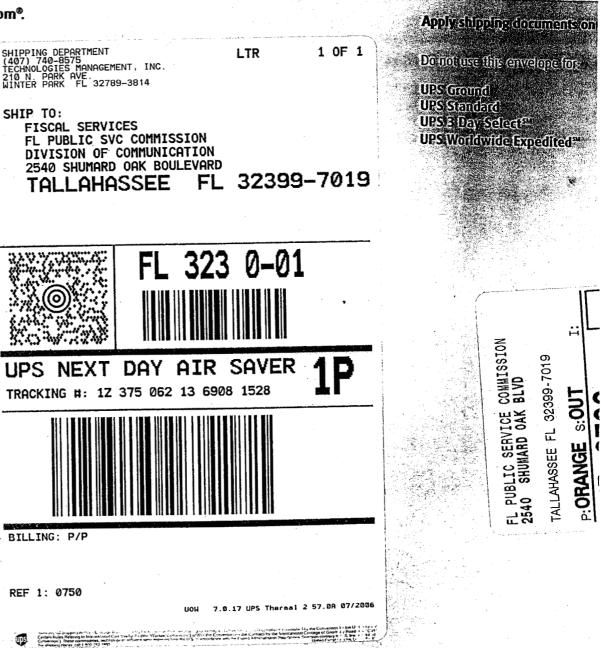
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	Florida Public Service Commission	FOR PSC USE ONLY
STATUS:	(See Filing Instructions on Back of Form)	Check # 42 822
Actual Return	TG476-05-0-R	\$ 50.00 06-03-00
Estimated Return	Public Communications Services, Inc.	00300
Amended Return	11859 Wilshire Blvd., Suite 600	\$_12.50_P
	Los Angeles, CA 90025-6621	06-03-00
PERIOD COVERED:		00401
01/01/2005 TO 12/31/2005		\$ <u>3</u> . <b>9</b> 0 I
1 des		6.9.01
outal fecordes	673 AUG 1 4 200F Docket # DLOY69-TC	Postmark Date $\underline{F} - \underline{9} - \underline{0}$ Initials of Preparer $\underline{R}$
which to	Please Complete Below If Official Mailing Address Has Changed	
U		

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	()
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> ( <i>Line 2 less Line 3</i> )	\$
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)	\$65.50 (2)
10.	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)	1 - 18 	(Date)
(Preparer of Form- Please Print Name)	Telephone Number	<u>407-7</u>	40 - ZOELS Numb	er <u>(407 - 746 - 06 B</u>
	F.E.I. No			