Pay Telephone Service Provider Regulatory Assessment Fee Return Must be filed on or before 01/30/2007

Florida Public Service Commission

RECEVER PSC USE ONLY

Ş	STATUS:		(See Filing Instructions on Back of Form)			Check # 1867		
_		l Return	TF249-06-0-I	化基基氯基酚 化二氯基酚 化氯基酚 化二氯基酚 化氯基酚 化二氯基酚 化氯基酚 化氯基酚 化氯基酚 化氯基酚 化氯基酚 化氯基酚 化氯基酚 化	14 05 D	E 50,00	06-03-001	
-		ated Return ided Return	D J Commun P. O. Box 167	•		S S HI OF D	O03001	
-	Anioi		Dodo City El	22526 1671	1 42	OMMISSION	P 06-03-001	
		COVERED:	FINAL BOSINESS CLOSED #30-06		UESS	CLERK	004011	
•		TO 12/31/2006	1 = /n	UARC DUS			i	
	IN	P	1 6	-0"SED #		Postmark Date/	20-06	
f		Records		e Below If Official Mailing Address Has Ch	<u> </u>	nitials of Preparer	PT	
. 1	A STATE OF THE STA	paula	•	•		~~		
		(Name of Company)		(Address)		City/State)	(Zip)	
- -	<u></u>	(Name of Company)		(Address)		only/State)	(Zip)	
	LINE		A COOL DATE	ON A CONTROL ATTION		42.4		
	NO.	ACCOUNT CLASSIFICATION				AMOUNT		
	1.	Gross Operating Revenue (Florida)				\$ 5485-60		
	2.	Gross Intrastate Revenue						
CMP.	3	LESS: Amounts Paid to Other Telecommunications Companies (1)						
COM		(see "2. Fees" on back))	
CTR ECR GCL OPC RCA SCR SGA	4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)				s <u>54</u>	85.00	
	5.						0-97	
	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)						
SEC	9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)				\$ <u> </u>	0.00 (2)	
OTH	-10. -	Number of pay telephones in operation at close of period covered by			red by	11	000 (2)	
		this Return						
		•				TINAC	- No. of the Control	
		(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee o						
	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 kni information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.						d belief the above ent in writing with	
		\sim	0	•		/ n	721 212	
•	pi cu	(Signature of Compan	y Official)	Presede. (Title)			(Date)	
				Telephone Number ()		Fax Number ()	
	(Pr	eparer of Form - Pleas	se Print Name)	-	D(Fax Number (OCUMENT NUMB	ER-DAIL	
				F.E.I. No		11722 n	TC 25 (0	