

080000-07

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2007 TO 12/31/2007

*Records Paula*

(See Filing Instructions on Back of Form)

TF412-07-0-R  
Dependable Security Systems, Inc.  
10845 N.E. 10th Place DEPOSIT DATE  
Miami, FL 33161-7303  
CANCEL 798 JAN 08 2008  
PLEASE CANCEL AS OF  
1-1-08 *adm*

Please Complete Below If Official Mailing Address Has Changed

| FOR PSC USE ONLY     |                          |
|----------------------|--------------------------|
| Check #              | 9114                     |
| \$                   | 100.00 06-03-001 003001  |
| \$                   | _____ E                  |
| \$                   | _____ P 06-03-001 004011 |
| \$                   | _____ I                  |
| Postmark Date        | 1-2-08                   |
| Initials of Preparer | RT                       |

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.

ACCOUNT CLASSIFICATION

AMOUNT

|     |  |                       |
|-----|--|-----------------------|
| 1.  | Gross Operating Revenue (Florida)  | \$ 0                  |
| 2.  | Gross Intrastate Revenue   | 0                     |
| 3.  | LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup><br>(see "2. Fees" on back) | ( 0 )                 |
| 4.  | <b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b><br>(Line 2 less Line 3)            | \$ 0                  |
|     | Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)  | 0                     |
|     | Penalty for Late Payment (see "3. Failure to File by Due Date" on back)                            | 0                     |
|     | Interest for Late Payment (see "3. Failure to File by Due Date" on back)                           | 0                     |
|     | Extension Payment Fee (see "4. Extension" on back)   | 0                     |
| 9.  | <b>TOTAL AMOUNT DUE (MINIMUM \$100.00)</b>   | \$ 100 <sup>(2)</sup> |
| 10. | Number of pay telephones in operation at close of period covered by this Return                    | 0                     |

FPSC-COMMISSION CLERK  
00153 JAN-7 08  
DOCUMENT NUMBER DATE

(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 \$100 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)

Telephone Number 305 944-1507 Fax Number ( )

F.E.I. No. 65-0005-HG