## Day Tolonhana Sarvica Provider Degulatory Assessment Foe Deturn

	Pay Telephone Service Provider Regulatory Assessme	ent ree Retuin
STATU	TEACC COLORS 15	FOR PSC USE ONLY Check # 2000563007
Esti	on Return mated Return ended Return ended Return backson with the Return fackson with the Return facks	\$ E
	OCOVERED: 05000-07 07TO 12/31/2007  Cart # 26-80/-22/-/4 1-64-7  Please Complete Below If Official Mailing Address Has Changed	004011   \$ I   Postmark Date
	(Name of Company)  (Name of Company)  (Address)	(City/State) (Zip)
	(Name of Company) (Address)	(City/State) (Zip)
LINE NO.	From O7-01-07 1012-31-07 ACCOUNT CLASSIFICATION	AMOUNT
CMP <sub>1</sub>	Gross Operating Revenue (Florida)	my s 0.00
COMCTR	Gross Intrastate Revenue	Q D.00
ECR <sup>3</sup> .	LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back)	) ( <u>0.00</u> )
GCL <sub>4</sub> .	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 2 3
RCA SCR <sup>5</sup>	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	0.030 0.030
sga <sup>6</sup>	Penalty for Late Payment (see "3. Failure to File by Due Date" on back	)
SEC 7.	—Interest for Late Payment (see "3. Failure to File by Due Date" on back	
8.	Extension Payment Fee (see "4. Extension" on back)	<u>[]. (7)</u>
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ 100.00
10.	Number of pay telephones in operation at close of period covered by this Return  The Phone Description	led on
-	<ol> <li>These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).</li> <li>Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee Section 364.336, Florida Statutes.</li> </ol>	of \$100 shall be imposed as provided in
information	ndersigned owner/officer of the above-named company, have read the foregoing and declare that to the is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knownislead a public servant in the performance of this official duty shall be guilty of a misdemeanor of the secon	wingly makes a false statement in writing with
2	(Signature of Company Official) (Tyle)	9 012-70-08
MA	eparer of Form - Please Print Name)  (Signature of Company Official)  (Tule)  (Tule)  (Tule)	Fax Number ( )

F.E.I. No.\_