

optivon<sup>SM</sup>

080237-TX

2008 APR 25 AM 10:43

CONCEPTIVE SERVICES

**Certified/Return Receipt Requested**

**# 7005 0390 0001 7813 7533**

April 14, 2008

Paula Isler  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

RECEIVED-FPSC  
08 APR 28 AM 8:50  
COMMISSION  
CLERK

- CMP   /
- COM
- CTR
- ECR
- GCL   /
- OPC
- RCA
- SCR
- SGA
- SEC
- OTH   0

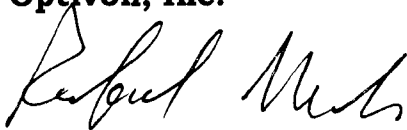
Dear Mrs Isler:

We hereby request the voluntary cancellation of Optivon, Inc.'s CLEC certificate. The reason for the cancellation is that our business model did not evolve as originally conceived and we haven't provided, are not providing, or plan to provide local exchange services in the State of Florida.

Attached is check for \$1,308 which corresponds to the full payment of the past due and current Regulatory Assessment Fees. Also enclosed are the 20007 and 2008 CLEC regulatory assessment fee returns. We will appreciate that you open a docket to cancel Optivon, Inc.'s CLEC certificate.

Sincerely

**Optivon, Inc.**



Rafael Morales

DOCUMENT NUMBER-DATE

16712 Crested Angus Lane, Spring Hill , FL 34610

03405 APR 28 8

FPSC-COMMISSION CLERK

# Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

(See Filing Instructions on Back of Form)

TX886-07-0-R  
 Optivon, Inc.  
 6304 Benjamin Road, Suite 514  
 Tampa, FL 33623-5128

DEPOSIT DATE  
 839 APR 28 2008

FOR PSC USE ONLY

Check # 353

\$ 600.00 06-03-001  
003001

\$ \_\_\_\_\_ E

\$ 90.00 P 06-03-001  
004011

\$ 18.00 I

Postmark Date 4-24-08  
 Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

Optivon Inc. 27 Gonzales Guitierrez Guaynabo, PR 00968  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	<b>TOTAL REVENUES</b>		\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>		_____
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ _____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		<u>600.00 (Minimum)</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>90.00</u>
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>18.00</u>
13.	Extension Payment Fee (see "4. Extension" on back)		_____
14.	<b>TOTAL AMOUNT DUE (\$600.00 MINIMUM)</b>		\$ <u>708.00</u> <sup>(3)</sup>

(1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.  
 (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
 (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

**CURRENT COMPANY STATUS**

Facilities-Based Provider  Reseller  
 Other: Decertified (in process)

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

**COMPANY INFORMATION**

Do you lease telecommunications' facilities?  YES  NO

If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOCUMENT NUMBER - DATE  
 03405 APR 28 08

FPSC-COMMISSION CLERK

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.

Rafael Morales VP of IT and Netw. Services Apr 15/08  
 (Signature of Company Official) (Title) (Date)

Rafael Morales  
 (Preparer of Form - Please Print Name)

Telephone Number 787-625-2700 Fax Number 787-277-4110

F.E.I. No. 522 380 891

# Competitive Local Exchange Company Regulatory Assessment Fee Return

TOTAL \$ 1308.00

Florida Public Service Commission

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**  
01/01/2008 TO 12/31/2008

(See Filing Instructions on Back of Form)

TX886-08-0-R  
Optivon, Inc.  
6304 Benjamin Road, Suite 514  
Tampa, FL 33623-5128

DEPOSIT DATE:  
839 APR 28 2008

FOR PSC USE ONLY

Check # 353

\$ 600.00 06-03-001  
003001

\$ \_\_\_\_\_ E

\$ \_\_\_\_\_ P 06-03-001  
004011

\$ \_\_\_\_\_ I

Postmark Date 4-24-08  
Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

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

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2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	<b>TOTAL REVENUES</b>		\$ _____
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9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ _____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
13.	Extension Payment Fee (see "4. Extension " on back)		_____
14.	<b>TOTAL AMOUNT DUE (\$600.00 MINIMUM)</b>		\$ <u>600.00</u>

- (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
- (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
- (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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(Name) (Address: City/State/Zip) (Telephone)

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Do you lease telecommunications' facilities? ( ) YES  NO

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Address: \_\_\_\_\_

DOCUMENT NUMBER - DATE  
03405 APR 28 B  
FPSC-COMMISSION CLERK

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Rafael Morales V. Pres. IT & Netw. Services Apr 15/08  
(Signature of Company Official) (Title) (Date)

Rafael Morales Telephone Number 787-625-2770 Fax Number 787-277-4110  
(Preparer of Form - Please Print Name)

F.E.I. No. 522 380 891