

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

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

*Paula +  
Records*

TG035-08-0-R  
Hampton Holding Co., Inc.  
200 S.E. 6th Street, Suite 204  
Ft. Lauderdale, FL 33301-3420  
Docket No. 080289-TC

RECEIVED-FPSC  
08 SEP -8 AM 3:34

COMMISSION  
CLERK

POST DATE  
868 - SEP 09 2008

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check # <u>6166</u>	
\$ <u>100.00</u>	06-03-001 003001
\$ _____ E	
\$ <u>10.00</u> P	06-03-001 004011
\$ <u>2.50</u>	
Postmark Date <u>9-3-08</u>	
Initials of Preparer <u>RT</u>	

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 297.78
2.	Gross Intrastate Revenue	297.78
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( 165.28 )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ 132.50
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	.26
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	10.00
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.50
8.	Extension Payment Fee (see "4. Extension" on back)	-0-
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$100.00)</b>	\$ 112.50 <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	1

(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, being an 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) Director 08/29/08  
(Title) (Date)

H.D. Sahagian  
(Preparer of Form - Please Print Name) Telephone Number 954-768-9000 Fax Number 954-768-9616

F.E.I. No. 02-0451320 DOCUMENT NUMBER-DATE