

120020-TC

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2012
Interim Pay Telephone Service Provider Regulatory Assessment Fee Return
Used for Calendar Year 2011 Only

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG961-11-0-R
 The Raymond F. Kravis Center for the Performing Arts, Inc.
 701 Okeechobee Blvd
 West Palm Beach, FL 33401-6525

DATE DEPOSIT
 JAN 18 2012 2 14

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 55719

\$ 100.00 06-03-001
 003001

\$ _____ E

\$ _____ P 06-03-001
 004011

\$ _____ I

Postmark Date 1-11-12

Initials of Preparer RT

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2011 TO 12/31/2011

~~Records~~
+
TONI

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

| LINE NO. | ACCOUNT CLASSIFICATION | AMOUNT |
|----------|---|------------------|
| 1. | Gross Operating Revenue (Florida) | \$ _____ |
| 2. | Gross Intrastate Revenue | _____ |
| 3. | Less: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back) | (_____) |
| 4. | TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) | \$ <u>8.00</u> |
| 5. | REGULATORY ASSESSMENT FEE DUE - (Multiply Line 4 by 0.0018 If more than \$100, enter amount. If less, enter \$100.) ⁽²⁾ | <u>100.00</u> |
| 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) | _____ |
| 9. | TOTAL AMOUNT DUE (Add lines 5 through 8) | \$ <u>100.00</u> |
| 10. | Number of pay telephones in operation at close of period covered by this Return | _____ |

(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]
(Signature of Company Official)

Sarah Deaver (Title) 12/21/11 (Date)

ANDREW J SEGALOFF
(Preparer of Form - Please Print Name)

Telephone Number 561-833-8300 Fax Number ()

F.E.I. No. 59-2245054 DOCUMENT NUMBER DATE

00322 JAN 17 02

FPSC-COMMISSION CLERK



12/21/2011

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Attention: Fiscal Services

To Whom it May Concern:

As per my conversation with Toni Earnhardt, please note the attached check as our final payment. As of 12/31/2011 we will no longer be a payphone provider.

Please contact us at 561-651-4377 if you have any questions.
Thank you for your assistance in this matter.

Respectfully,

A handwritten signature in black ink, appearing to read "Andrew Segaloff". The signature is fluid and cursive.

Andrew Segaloff
Senior Director
Raymond F. Kravis Center for the Performing Arts