

SCANNED  
01/31/2000  
Pay Telephone Service Provider Regulatory Assessment Fee Return

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2000

# Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS: *MR*  
\_\_\_\_ Actual Return  
\_\_\_\_ Estimated Return  
\_\_\_\_ Amended Return

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

TF868  
Universal Studios Florida  
1000 Universal Studios Plaza  
Orlando, FL 32819-7610  
**DEPOSIT** **DATE**  
**D075** **MAY 31 2001**

**FOR PSC USE ONLY**  
Check# 00143109  
\$ 50.00 0603002  
\$ 12.50 003001  
P  
\$ 7.50 0603002  
004011  
Postmark Date 5/24/01  
Initials of Preparer MC

PERIOD COVERED:  
01/01/1999 TO 12/31/1999

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	\$ <u>0</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>7.50</u>
8.	<b>TOTAL AMOUNT DUE</b>	\$ <u>70.00</u>

APP \_\_\_\_\_  
CAF \_\_\_\_\_  
CMP \_\_\_\_\_  
COM \_\_\_\_\_  
CTR \_\_\_\_\_  
ECR \_\_\_\_\_  
LEG \_\_\_\_\_  
OPC \_\_\_\_\_  
PAI \_\_\_\_\_  
RGO \_\_\_\_\_  
SEG \_\_\_\_\_  
SER \_\_\_\_\_  
OTH \_\_\_\_\_

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

Number of pay telephones in operation at close of period covered 0  
by this Return

\* These amounts must be intrastate only and must be verifiable.

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.

*Catherine A. Roth*  
\_\_\_\_\_  
(Signature of Company Official)  
Catherine A. Roth  
\_\_\_\_\_  
(Preparer of Form - Please Print Name)

Vice President, Legal Affairs 5/23/01  
(Title) (Date)  
Telephone Number 407 363-8241 Fax Number 407 363-8219

F.E.I. No. \_\_\_\_\_ DOCUMENT NUMBER-DATE

06786 MAY 31 01

REGISTRATION REPORTING



May 23, 2001

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

Attention: Jackie Knight

**Re: Universal Studios Florida, TF868**

Dear Ms. Knight:

With regard to the above-referenced matter, enclosed please find "Pay Telephone Service Provider Regulatory Assessment Fee Return", together with our check in the amount of Seventy Dollars (\$70.00) to cover period 01/01/1999 to 12/31/1999.

As per your conversations with our office, we understand this amount is our only outstanding obligation.

We respectfully request that you forward any and all correspondence relating to this matter to the following mailing address:

**Universal Orlando  
1000 Universal Studios Plaza  
Attn: Legal Affairs, B-5  
Orlando, FL 32819**

Should you have any questions, please do not hesitate to contact the undersigned. Thank you for your assistance in resolving this matter.

Very truly yours,

A handwritten signature in black ink that reads "Ana Merced". The signature is written in a cursive, flowing style.

Ana Merced

**CERTIFIED MAIL  
P 7099 3400 0017 1055 4135  
RET. REC. REQ.**