

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

R+R

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF424	DEPOSIT	DATE
Chuck E. Cheese's Pizza		JUN 19 2001
P. O. Box 2346	080	
Panama City, FL 32402-2346		
Docket # 010682-TC		

FOR PSC USE ONLY	
Check#	11222
\$	50.00
	0603002
	003001
\$	P
	0603002
	004011
\$	I
Postmark Date	6-13-01
Initials of Preparer	RM

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 425.50
2.	Gross Intrastate Revenue	- 0 -
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(261.53)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 163.97
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	.25
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.	TOTAL AMOUNT DUE	\$ 50.00

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

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

* These amounts must be integers 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.

APP _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
LEG _____
OPC _____
PAI _____
RGO _____
SEC _____
SER _____
OTH _____

(Signature of Company Official) _____
ROBERT CRAIG TAYLOR
(*Preparer of Form - Please Print Name)

C.P.A. _____
(Title)
Telephone Number (850) 769-2371 Fax Number (850) 872-9267
F.E.I. No. 36-3626170

6/11/01
RECEIVED-PSC
JUN 18 PM 3:24
RECORDS AND REPORTING

DOCUMENT NUMBER-DATE
07570 JUN 18 01

PSC-RECORDS/REPORTING