

**ORIGINAL**

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

STATUS:

*P. Isler*  
*CAV*

- Actual Return
- Estimated Return
- Amended Return

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

TG476-00-0-R  
Public Payphone U.S.A., Inc.  
11859 Wilshire Blvd., Suite 600  
Los Angeles, CA 90025-6621

FOR PSC USE ONLY	
Check#	001247
\$	50.00
\$	12.50
\$	5.00
Postmark Date	11/27/01
Initials of Preparer	MC

PERIOD COVERED:

01/01/00 TO 12/31/00

Docket No. 010554-TC

Please Complete Below If Official Mailing Address Has Changed

**D1480** **DEC 04 2001**  
PUBLIC COMMUNICATIONS SERVICES 11859 WILSHIRE BLVD SUITE #600 LOS ANGELES, CA 90025  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0.00
2.	Gross Intrastate Revenue	0.00
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 0.00 )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ 0.00
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	4.50
8.	<b>TOTAL AMOUNT DUE</b>	\$ 67.00

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 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.

(Signature of Company Official)

**Luis R. Guzman**

(Preparer of Form - Please Print Name)

(Title)

*CEO*

(Date)

*11/27/01*

Telephone Number (310) 954-3029 Fax Number 819954-2104

F.B.I. No. 95-461544

APP  
CAF  
CMP  
COM  
CTR  
ECR  
LEG (SC/CMU-26) (Rev. 11/11/99)

OPC  
PAI  
RGO  
SEC  
SER

DOCUMENT NUMBER-DATE

15102 DEC-40

FPSC-COMMISSION CLERK



November 27, 2001

Florida Public Service Commission  
Attn: Mr. Ray Kennedy  
c/o Ms. Blanca Bayo/Director, Division of Records and Reporting  
2540 Shumard Oak Blvd  
Tallahassee, FL 32399-0850

RE Docket No. 011024 - TI - Public Communications Services (PCS)

Dear Ms. Bayo:

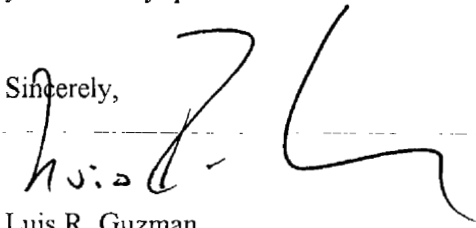
This letter is to respond to Docket No. 011024 – TI regarding our Interexchange (IXE) Company Certificate # 5810 for the period covered 01/01/2000 – 12/31/2000 and to clarify our earlier submittal (see attachment marked # 1) of the Regulatory Assessment Fee (RAF) Return for our Pay Telephone Service Provider Certificate # 6009 for the period covered 01/01/2000 – 12/31/2000.

An error was made when we submitted our IXE Certificate # 5810 gross revenues and its applicable fees/penalties/interests on the Pay Telephone Service Provider Regulatory Assessment Fee Return. At this time, we are re-submitting an Actual Interexchange Company Regulatory Assessment Fee Return and an Amended Pay Telephone Service Provider Regulatory Assessment Return

We respectfully ask that the previously submitted gross revenues currently found on the Pay Telephone Service Provider Regulatory Assessment Return be transferred to our IXE Certificate # 5810 under Docket No. 011024 - TI. In addition to this, we ask that you then review our amended Pay Telephone Service Provider Regulatory Assessment Fee Return along with its respective gross revenues and applicable fees/penalties/interests.

Hopefully this response and revisions will resolve the issues addresses in Docket No. 011024 – TI. Please feel free to call me at (800) 350-1000 x 3029 or direct at (310) 954-3029 if you have any questions.

Sincerely,



Luis R. Guzman  
Billing, Fraud & Regulatory Manager

11859 Wilshire Boulevard, Suite 600  
Los Angeles, CA 90025  
Main: (800) 350-1000

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY

Check# \_\_\_\_\_  
 \$ \_\_\_\_\_ 0603002  
 \_\_\_\_\_ 003001  
 \$ \_\_\_\_\_ P  
 \_\_\_\_\_ 0603002  
 \_\_\_\_\_ 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

STATUS:  
 Actual Return  
 Estimated Return  
 Amended Return

TG476-00-0-R  
 Public Payphone U.S.A., Inc.  
 11859 Wilshire Blvd., Suite 600  
 Los Angeles, CA 90025-6621

PERIOD COVERED:  
 1/01/2000 TO 12/31/2000

Please Complete Below If Official Mailing Address Has Changed

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

LINE	ACCOUNT CLASSIFICATION	AMOUNT
	Gross Operating Revenue (Florida)	\$ 1,078,399.17
	Gross Intrastate Revenue	820,452.70
	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 0 )
	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ 820,452.70
	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	1,230.68
	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	207.67
	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	110.76
	<b>TOTAL AMOUNT DUE</b>	\$ 1,649.11

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 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.

\_\_\_\_\_  
 (Signature of Company Official) CEO 9/7/01  
(Title) (Date)  
 LUIS R. GONZALEZ  
 (Preparer of Form - Please Print Name) Telephone Number (818) 954-3024 Fax Number (818) 954-2104  
 F.E.I. No. 95-46154-14

# 1

## Interexchange Company Regulatory Assessment Fee Return

### Florida Public Service Commission

(See Filing Instructions on Back of Form)

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

TJ188-00-0-R  
Public Communications Services, Inc.  
11859 Wilshire Blvd., Suite 600  
Los Angeles, CA 90025-6621

**PERIOD COVERED:**  
01/01/2000 TO 12/31/2000

Docket No. 011024-T1

FOR PSC USE ONLY	
Check#	_____
\$ _____	0603001 003001
\$ _____	P 0603001 004011
\$ _____	I
Postmark Date	_____
Initials of Preparer	_____

Please Complete Below If Official Mailing Address Has Changed

**PUBLIC COMMUNICATIONS SERVICES** 11859 WILSHIRE BLVD #600 LOS ANGELES, CA 90025  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 1,078,399.17	\$ 820,452.70
2.	Access Services	0.00	0.00
3.	Private Line Services	0.00	0.00
4.	Leased Facilities & Circuits Services	0.00	0.00
5.	Miscellaneous Services	0.00	0.00
6.	<b>TOTAL Telephone Services</b>	\$ _____	\$ _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 0.00 )	( 0.00 )
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>	_____	820,452.70
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	1,230.68
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	307.67	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	110.76	_____
12.	<b>TOTAL AMOUNT DUE</b>	_____	\$ 1,649.11

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

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

#### CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: \_\_\_\_\_

#### BILLING INFORMATION

Complete below if billing agent if other than yourself.

**OAN BILLING SERVICES** 9255 CORBIN AVE NORTHRIDGE, CA 91324 818,678-4626  
(Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected?  
Amount: \$ 0.00 for 19 \_\_\_\_\_

What is the total amount of bond held (if applicable)?  
Amount: \$ 0.00 Expires: \_\_\_\_\_

#### COMPANY INFORMATION

Do you lease telecommunications facilities?  YES  NO  
If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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\_\_\_\_\_  
(Signature of Company Official)  
**LUIS R. GUZMAN**  
(Preparer of Form - Please Print Name)

CEO  
(Title) 11/27/01  
(Date)  
Telephone Number 310,954-3029 Fax Number 310,954-2104  
F.E.I. No. 95-461544