

ORIGINAL

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

*P. Isler
JCEA*

- Actual Return
- Estimated Return
- Amended Return

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

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

TG451-01-0-R
Naeem Ahmed
P. O. Box 678736
Orlando, FL 32867-8767
DEPOSIT
D150 **DATE**
DEC 27 2001
010000-PU

FOR PSC USE ONLY
Check# 1159
\$ 50.00 0603002
003001
\$ _____ P
0603002
004011
\$ _____ I
Postmark Date 12/22/01
Initials of Preparer MC

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)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
8.	TOTAL AMOUNT DUE	\$ _____

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 1

Pl. Cancel license - out of Business

* 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.

COM Naeem Ahmed
GTR _____
ECR _____
LEG NAEEM AHMED
OPC (Preparer of Form - Please Print Name)

Naeem Ahmed (Signature of Company Official)

(Title) 12-13-01 (Date)

PAI _____
RGO _____
SEC _____
SER _____
OTH Hong

Telephone Number () Fax Number ()

F.E.I. No. _____

DOCUMENT NUMBER-DATE

16107 DEC 27 01

FPSC-COMMISSION CLERK