TO AVOID PENALTY AND INTEREST CHARGES Pay Tele	the regulatory assessment fee return must be filed on or before 130 phone S vice Provider Regulatory Assess	
STATUS: 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) TD841-01-0-R Coin Drop Corp. 10221 Harbortown Court Boca Raton, FLT33498-4726 ATE D1550 JAN 1 6 2002 Please Complete Below If Official Mailing Address Has Changed	FOR PSC USE ONLY Check# 4883 & 0513 \$ 50.00 0603002 003001 \$ P 0603002 004011 \$ I Postmark Date 1/11/02 Initials of Preparer
(Name of Company)	(Address)	(City/State) (Zip)
1. Gross Operating Rev 2. Gross Intrastate Rev 3. LESS: Amounts Pai (see "2. Fees" on bac 4. TOTAL REVENUI (Line 2 less Line 3) 5. Regulatory Assessme 6. Penalty for Late Pay 7. Interest for Late Pay 8. TOTAL AMOUNT CAF CMP COM CTR THIS FORM MUST BE COM GCL 9. OPC MMS by this Return	d to Other Telecommunications Companies* ES for Regulatory Assessment Fee Calculation ent Fee Due – (Multiply Line 4 by 0.0015) ment (see "3. Failure to File by Due Date" on back) ment (see "3. Failure to File by Due Date" on back)	AN PERSONAL PROPERTY OF THE PR
rue and correct statement. Sin aware that public servant in the performance of his offi (Signature of Compa	Telephone Number (56) 479 - 2 Print Name) F.E.I. No. 65-00388	orkeeful 01/04/020 Old 7 Fax Number ()