

REQUEST TO ESTABLISH DOCKET  
(Please Type)

Date April 23, 2002 Docket No. 020374-TC

1. Division Name/Staff Name: Competitive Markets & Enforcement/T.Williams

2. OPR: T.Williams

3. OCR:

4. Suggested Docket Title: Request for cancellation of Shared Tenant Service Certificate No. 7649 and Pay-Telephone Certificate No. 7650 by Travelers Media, Inc., effective 12/31/01.

Interexchange Telecommunications

5. Suggested Docket Mailing List (attach separate sheet if necessary)  
A. Provide NAMES OR ACRONYMS ONLY if a regulated company.  
B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)  
1. Parties and their representatives (if any):


2. Interested persons and their representatives (if any):


6. Check one:  
 Documentation is attached.  
 Documentation will be provided with recommendation.

COMPANY INFORMATION

AS OF 04/23/2002

Travelers Media, Inc. (TS189)

Location address

Travelers Media, Inc.  
100 West Livingston Street, Suite 230  
Orlando, FL 32801-1547

Regulation date

12/11/2000

Certificate(s)

7649

Corporate type

Corporation

Services provided

STS

# Shared-Tenant Service Provider Regulatory Assessment Fee Return

*J.P. Isler  
CCA*

*FINAL RETURN*

*See T5461*

*CK Amt \$100.00*

STATUS:  
 Actual Return  
 Estimated Return  
 Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TS189-01-0-R  
Travelers Media, Inc.  
100 West Livingston Street, Suite 230  
Orlando, FL 32801-1547  
**DEPOSIT**      **DATE**  
**D197**      **MAR 28 2002**

FOR PSC USE ONLY	
Check#	<i>1934</i>
\$	<i>50.00</i>
	0603003
	003001
\$	P
	0603003
	004011
\$	
Postmark Date	<i>3/25/02</i>
Initials of Preparer	<i>MC</i>

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)

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

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

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

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]*  
(Signature of Company Official)

*FRANCIS GANT*      *3-28-01*  
(Title)      (Date)

(Preparer of Form - Please Print Name)

Telephone Number *407 543 5775*      Fax Number *407 543 5753*

F.E.I. No. *59-3675704*

COMPANY INFORMATION

AS OF 04/23/2002

Travelers Media, Inc. (TJ461)

Location address

Travelers Media, Inc.  
100 West Livingston Street  
Orlando, FL 32801-1548

Regulation date

01/08/2001

Certificate(s)

7650

Corporate type

Corporation

Services provided

RES

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2002

Interexchange Company Regulatory Assessment Fee Return

FINAL RETURN See TS189

CK Amt #100.00

STATUS:  Actual Return  
 Estimated Return  
 Amended Return

PERIOD COVERED:  
01/08/2001 TO 12/31/2001

TJ461-01-0-R  
Travelers Media, Inc.  
100 West Livingston Street  
Orlando, FL 32801-1547  
DEPOSIT DATE  
D197 MAR 28 2002

FOR PSC USE ONLY  
Check# 1934  
\$ 50.00 0603001  
003001  
P 0603001  
004011  
Postmark Date 3/25/02  
Initials of Preparer MK

Please Complete Below If Official Mailing Address Has Changed

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Includes rows for Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, and TOTAL Telephone Services.

2002 MAR 28 AM 10:52  
DIVISION OF  
REGULATIVE SERVICES

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: BUSINESS NEVER STARTED

BILLING INFORMATION  
Complete below if billing agent if other than yourself.  
(Name) (Address: City/State/Zip) (Telephone)  
What is the total amount of customer deposits collected? Amount: \$ for 19  
What is the total amount of bond held (if applicable)? Amount: \$ Expires:

COMPANY INFORMATION  
Do you lease telecommunications' facilities? ( ) YES ( ) NO  
If YES, who do you lease these facilities from? Name:  
Address:

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/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) (Title) (Date)  
(Preparer of Form - Please Print Name) Telephone Number ( ) Fax Number ( )  
F.E.I. No.