

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

P. Isler
JCCA

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

TE539-02-0-R
Twin Dragons Restaurant
4002 West Vine Street
Kissimmee, FL 34741-4631

FOR PSC USE ONLY
Check# 7640
\$ 50.00 0603002
003001
\$ _____ P 0603002
004011
\$ _____ I
Postmark Date 5/13/02
Initials of Preparer MC

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2002 TO 12/31/2002

DATE: *P. Isler*

D214

MAY 17 2002

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)	\$ <u>PHONE OUT OF ORDER</u>
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	\$ <u>0</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>0</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>0</u>
8.	TOTAL AMOUNT DUE	\$ <u>50.00</u>

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 NONE

These amounts must be intrastate only and must be verifiable.

AUS _____
CAF _____
CMP _____
COM _____
ECR _____
GCL _____
OPC _____ (Signature of Company Official)
MMS _____
SEC (Preparer of Form - Please Print Name)
OTH _____

Pres.
(Title) _____ (Date) 5/10/02
Telephone Number (407) 348-2969 Fax Number ()
F.E.I. No. 59-209403X

DOCUMENT NUMBER-DATE

05308 MAY 17 02