

Pay Telephone Service Provider Regulatory Assessment

**ORIGINAL**

STATUS:

*P. Isler*  
*CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

10:27  
TG803-01-0-R  
Federal Correctional Institution Miami  
15801 S.W. 137th Avenue  
Miami, FL 33177-1297  
DATE CC: *P. Isler*

FOR PSC USE ONLY  
Check# *222763183928*  
\$ 50.00 0603002  
\$ 12.50 003001  
\$ 4.50 P 0603002  
004011  
Postmark Date *10/28/02*  
Initials of Preparer *MC*

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

05/30/2001 TO 12/31/2001

DEPOSIT

DATE

D2688

NOV 01 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>68.50</u>
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>68.50</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>4.50</u>
8.	<b>TOTAL AMOUNT DUE</b>	\$ <u>67.00</u>
<p>AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50</p> <p>THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED</p>		
9.	Number of pay telephones in operation at close of period covered by this Return	<u>1</u>

\* 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.

*Larry E. Ferguson*  
(Signature of Company Official)  
**LARRY E. FERGUSON**  
(Preparer of Form - Please Print Name)

*Accounting Supervisor* *1 Oct 02*  
(Title) (Date)  
Telephone Number *305 259-2116* Fax Number *305 259-2392*

F.E.I. No. \_\_\_\_\_

DOCUMENT NUMBER - DATE  
**11991 NOV-1 02**  
FPSC-COMMISSION CLERK