

**ORIGINAL**

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

STATUS:

*P. Isler  
JCCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TE104-02-0-R  
 Ardan Communications  
 223 Cypress Trace  
 Tarpon Springs, FL 34689-9900  
**DEPOSIT DATE**  
**D288 JAN 13 2003**

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

**FOR PSC USE ONLY**  
 Check# 5008  
 \$ 50.00 0603002  
 003001  
 \$ \_\_\_\_\_ P \_\_\_\_\_  
 0603002  
 004011  
 \$ \_\_\_\_\_  
 Postmark Date 1/8/03  
 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)   | \$ <u>0-</u>    |
| 2.       | Gross Intrastate Revenue  | <u>0-</u>       |
| 3.       | LESS: Amounts Paid to Other Telecommunications Companies*<br>(see "2. Fees" on back)    | <u>(-0-)</u>    |
| 4.       | <b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b><br>(Line 2 less Line 3) | \$ <u>0-</u>    |
| 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.       | <b>TOTAL AMOUNT DUE</b>   | \$ <u>50.00</u> |

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC \_\_\_\_\_
- OTH None

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 20

\* 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.

*[Signature]*  
(Signature of Company Official)

OWNER 12-31-02  
(Title) (Date)

ARON KEVAN  
(Preparer of Form - Please Print Name)

Telephone Number (727) 727-6173 Fax Number ( )

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

DOCUMENT NUMBER-DATE

00341 JAN 10 2003

FPSC-COMMISSION CLERK

ARDAN COMMUNICATIONS

223 Cypress Trace

Tarpon Springs, FL 34689

(727) 787-6173

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January 6, 2003

Ms. Toni McCoy  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0876

Dear Ms. McCoy:

As you requested in our telephone conversation of today, I would like to cancel my pay telephone service provider certificate TE104 under the name of Ardan Communications, as I am no longer in business and do not need this certificate. I would like this cancellation to be effective as of December 31, 2002.

Also, I am enclosing a check in the amount of \$50.00 for the minimum fee to cover the year 2002.

Thank you very much for helping me in this matter.

Sincerely,

  
Aron Kedan

03 JAN 10 AM 9:13  
DISTRIBUTION CENTER