

030000-P4

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

P. Isler / JCCA

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2002 TO 01/23/2002

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG716-02-0-R
 Coin-Tel of Pennsylvania, Inc.
 726 East Long Avenue
 New Castle, PA 16101-4888

DEPOSIT DATE
D289 JAN 14 2003

FOR PSC USE ONLY

Check# 11963

\$ 50.00 0603002
 003001

\$ _____ P
 0603002
 004011

\$ _____ I

Postmark Date 1/10/03

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>170.35</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(0)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>170.35</u>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	<u>\$ 0.26</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ <u>3 0.26</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 1

* 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)

President 1/9/03
(Title) (Date)

Shari Croyle
(Preparer of Form - Please Print Name)

Telephone Number (24) 657 1157 Fax Number (24) 657-1158

F.E.I. No _____

** Company is no longer in business* DOCUMENT NUMBER: DATE
00421 JAN 14 03