

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

*BUSINESS CLOSED 7/31/02*

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

**ORIGINAL**

TG095-02-0-R  
Atlantic Telecommunication Systems, Inc.  
5849 Okeechobee Blvd., Suite 201  
West Palm Beach, FL 33417-4352  
*DEPOSIT DATE 030000Pu*  
**D300 FEB 03 2003**

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**  
Check# 2791  
\$ 50.00 0603002  
003001  
\$ \_\_\_\_\_ P  
0603002  
004011  
Postmark Date 1/27/03  
Initials of Preparer MC

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.

ACCOUNT CLASSIFICATION

AMOUNT

1.	Gross Operating Revenue (Florida)	\$ 181.00
2.	Gross Intrastate Revenue	181.00
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(217.52)
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ (36.52)
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	0
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.	<b>TOTAL AMOUNT DUE</b>	\$ 50.00

- AUS
- CAF
- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMS
- SEC
- OTH

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**

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)  
Terold Stabler  
(Preparer of Form - Please Print Name)

President (Title) 1/28/03 (Date)  
Telephone Number 561-471-1864 Fax Number 561-640-1720  
FEI No 59-2659610

DOCUMENT NUMBER - DATE  
01035 FEB-3 8