

Pay Telephone Service Provider Regulatory Assessment Fee Return

*P. Isler
CCA*

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

FOR PSC USE ONLY	
Check# <u>284</u>	
\$ <u>50.00</u>	0603002
\$ <u>10.00</u>	003001
\$ <u>.50</u>	P 0603002
	I 004011
Postmark Date <u>5/1/03</u>	
Initials of Preparer <u>MC</u>	

STATUS:
 Actual Return
 Estimated Return
 Amended Return

TG332-02-0-R	
ATS Payphones, Inc.	<i>030000-Pu</i>
P. O. Box 7075	
Lakeland, FL 33807-7075	
DS 46	MAY 07 2003

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

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>45,488.06</u>
2.	Gross Intrastate Revenue	<u>9,604.02</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(40,818.73)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>14,273.35</u>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	<u>21.41</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>7.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>3.00</u>
8.	TOTAL AMOUNT DUE	\$ <u>60.91</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

- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS 80
- SEC 1
- OTH _____

* 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)

AL SEYFER
(Preparer of Form - Please Print Name)

President
(Title)

4/30/03
(Date)

Telephone Number 813 682-1200 Fax Number 813 682-8800

F.E.I. No. 59-3502500 DOCUMENT NUMBER DATE

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FPSC-COMMISSION CLERK