

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
11/12/2002 TO 12/31/2002

TG925-02-0-R 030000-P4
 Christian Gayden d/b/a Skye Communication Co.
 882 S.W. 27th Street
 Palm City, FL 34990-2902
DEPOSIT DATE
 CC: P. Isler D 353 JUN 02 2003

FOR PSC USE ONLY
 Check# 3531
 \$ 50.00 0603002
 \$ 10.00 003001 P
 \$ 2.00 0603002
 I 004011
 Postmark Date 5/28/03
 Initials of Preparer TMC

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION		AMOUNT
1.	Gross Operating Revenue (Florida)		\$ <u>0</u>
2.	Gross Intrastate Revenue	AUS _____	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	CAF _____	_____
		CMP _____	()
		COM _____	_____
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	CTR _____	\$ <u>0</u>
		ECR _____	_____
		GCL _____	_____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	OPC _____	_____
		MMS _____	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	SEC <u>L</u>	_____
		OTH _____	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
8.	TOTAL AMOUNT DUE		\$ <u>0</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 0

* 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.

Christian Gayden
 (Signature of Company Official)
CHRISTIAN GAYDEN
 (Preparer of Form - Please Print Name)

Owner (Title) 12/30/02 (Date)
 Telephone Number 561 596-7223 Fax Number 772 463-8854
 F.E.I. No _____

DOCUMENT NUMBER-DATE
 04849 MAY 30 8