

Pay Telephone Service Provider Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
04/05/2002 TO 12/31/2002

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG866-02-0-R	DEPOSIT	DATE
Avant Telcom	D 354	JUN 04 2003
7404 Hickock Court		
Tallahassee, FL 32311-9337		
CC: P. Isler		030000-Pu

FOR PSC USE ONLY	
Check# 2225	
\$ 50.00	0603002
	003001
	0603002
	004011
Postmark Date 5/30/03	
Initials of Preparer [Signature]	

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

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.

[Signature]  
(Signature of Company Official)  
**RODNEY E. AVANT**  
(Preparer of Form - Please Print Name)

Manager  
(Title) 5-30-02  
(Date)

Telephone Number 859 878-3383 Fax Number ( )

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

DOCUMENT NUMBER

04946 JUN-4 8

FPSC-COMMISSION CLERK