

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:  
 05/21/2002 TO 12/31/2002

*P. Isler  
 CCA*

TG884-02-0-R  
 William Reilly  
 982 Vineridge Run, #304  
 Altamonte Springs, FL 32714-1772  
**DEPOSIT DATE**  
 D 357 JUN 17 2003  
 CC: P. Isler

**FOR PSC USE ONLY**  
 Check# 802  
 \$ 50.00 0603002  
 \$ 12.50 003001  
 \$ 2.50 0603002  
 004011  
 Postmark Date 6/14/03  
 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)	\$ 0.00
2.	Gross Intrastate Revenue	0.00
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 0.00 )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	\$ 0.00
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	0.00
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>	\$ 65.00

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

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 of Company Official) (Title) (Date)  
 Telephone Number ( ) Fax Number ( )  
 (Preparer of Form - Please Print Name) F.E.I. No.

DOCUMENT NUMBER DATE

05339 JUN 17 8

PSC COMMISSION CLERK