

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL
 Florida Public Service Commission
(See Filing Instructions on Page 2 of Form)

STATUS:
 Actual Return
 Estimated Return
 Amended Return

DEPOSIT DATE
 TF829-02-0-R
 Frentel Communications, Inc.
 2701 North Hiatus Road, #144
 Cooper City, FL 33026-1305
 cc: P. Isler

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

FOR PSC USE ONLY	
Check# <u>2912</u>	
\$ <u>50.00</u>	0603002 003001
\$ _____	P 0603002 004011
\$ _____	
Postmark Date <u>6/17/03</u>	
Initials of Preparer <u>MC</u>	

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>29266.62</u>
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>15922.54</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>13344.08</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>20.02</u>
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.	TOTAL AMOUNT DUE	\$ <u>50.00</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 15

* 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.

Ross Trager
 (Signature of Company Official)
ROSS TRAGER
 (Preparer of Form - Please Print Name)
 ROSS TRAGER, P.A.
 CERTIFIED PUBLIC ACCOUNTANT
 1000 NORTH HIATUS ROAD, SUITE 110
 PEMBROKE PINES, FL 33026

PRESIDENT
 (Title)
6/17/03
 (Date)
 Telephone Number 854 436-4147 Fax Number 854 436-1290
 F.E.I. No. 65-0695534