

030000-Pu

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

*P. Isler
PCA*

TF678-02-0-R
Telecom South
P. O. Box 16130
Tampa, FL 33687-6130 358 JUN 20 2003

DEPOSIT DATE

cc: P. Isler

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check#	1217
\$	50.50 0603002
\$	12.50 003001
\$	2.50 0603002
	004011
Postmark Date	6/17/03
Initials of Preparer	MC

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

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 785.25
2.	Gross Intrastate Revenue	AUS _____ 745.95
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	CAF _____ (7840.25)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	COM _____ \$ -7094.30
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	CTR _____ \$ 50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	ECR _____ 12.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	GCL _____ 3.00
8.	TOTAL AMOUNT DUE	OPC _____ \$ 65.50
		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 6

* 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.

Laura Rowe
(Signature of Company Official)

owner 6/13/03
(Title) (Date)

Laura Rowe
(Preparer of Form - Please Print Name)

Telephone Number 813 340 3348 Fax Number ()

F.E.I. No. 59-3480380

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK