

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:
 01/01/2002 TO 12/31/2002

TG577-02-0-R
 Florida Telecommunications Network Corp.
 2023 Mount Vernon Street
 Orlando, FL 82803-5526

DEPOSIT DATE
 JUN 25 2003

CC: P. Isler D 359

FOR PSC USE ONLY
 Check# 8267014358
 \$ 50.00 0603002
 \$ 12.50 P 003001
 \$ 2.50 I 0603002
 004011
 Postmark Date 6/21/03
 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)	\$ <u>6720.⁰⁰</u>
2.	Gross Intrastate Revenue	<u>2150.⁰⁰</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(875.⁰⁰)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>1274.⁹⁰</u>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	<u>50.⁰⁰</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.50</u>
8.	TOTAL AMOUNT DUE	\$ <u>65.⁰⁰</u>

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC I
- OTH _____

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

Form OK being mailed to you now

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 17

* 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)
Larry Kinney
 (Preparer of Form - Please Print Name)

OWNER (Title) 6/12/03 (Date)
 Telephone Number 407 894-8177 Fax Number () SAME
 F.E.I. No. 266-74-0179

DOCUMENT NUMBER DATE
 5603 JUN 23 8