

Pay Telephone Service Provider Regulatory Assessment Fee Return

030000-PL

STATUS: Actual Return *P. Isler*
Estimated Return *CCA*
Amended Return

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

TF299-02-0-R
 Visions Vending **DEPOSIT DATE**
 8232 Northpointe Blvd.
 Pensacola, FL 32514-6545 **D 369 JUL 29 2003**
 CC: P. Isler

FOR PSC USE ONLY
 Check# 6784
 \$ 50.00 0603002
 \$ 12.50 003001
 \$ 3.00 0603002
 004011
 Postmark Date 7/25/03
 Initials of Preparer MC

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

Please Complete Below If Official Mailing Address Has Changed

Visions Vending 8232 Northpointe Bl Pensacola, FL 32514
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	\$ <u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	\$ <u>(0)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</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>3.00</u>
8.	TOTAL AMOUNT DUE	\$ <u>65.50</u>

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC 1 _____
 OTH None _____

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] Owner 7-25-03
 (Signature of Company Official) (Title) (Date)
Ronnie Williams
 (Preparer of Form - Please Print Name)
 Telephone Number (850) 478-4204 Fax Number (850) 478-4235

FEI No _____ DOCUMENT NUMBER DATE
06811 JUL 29 03