

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

TG848-03-0-R
 Go Communications, Inc.
 6159 Lucerne Avenue
 Jacksonville, FL 32256-8484
 P+I 2001

FOR PSC USE ONLY
 Check# 5811 FS312
 \$ 50.00 0603002
 003001
 \$ 5.00 P 0603002
 004011
 \$ 1.00 I
 Postmark Date 1-13-04
 Initials of Preparer RT

PERIOD COVERED:
01/01/2003 TO 12/31/2003

Toni McCoy
Records

Please Complete Below If Official Mailing Address Has Changed

Go Communications Inc 6159 Lucerne Ave Jax FL 32256
 (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>0</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
8.	TOTAL AMOUNT DUE	\$ <u>50.00</u>

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

AUS _____ THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

CAF _____
 CMP _____
 COM _____ Number of pay telephones in operation at close of period covered
 CTR _____ by this Return
 ECR _____
 GCL _____

0

OPC These amounts must be intrastate only and must be verifiable.

MMS _____

SEC 1

DTH 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)

President
(Title)

12/31/03
(Date)

Liza White
(Preparer of Form - Please Print Name)

Telephone Number (904 645 6003) Fax Number (None)

F.E.I. No. _____

DOCUMENT NUMBER-DATE

00650 JAN 16 03

FPSC-COMMISSION CLERK

Go Communications, Inc.
Payphone Leader of The Future

Liza L. White, President
6159 Lucerne Ave.
Jacksonville, FL 32256-8484
Phone/Fax: 904-645-6003

December 31, 2003

Toni Joy McCoy
Regulatory Analyst
Florida Public Service Commission
Bureau of Market Development
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0876

Re: TG848

Dear Toni;

This is to inform you that the Corporation called Go Communications, Inc. (see above) is dissolved as of 12/31/03. We sold or took out our phone locations in Florida.

This is requesting cancellation 12/31/03. Enclosed are our P&I and RAF fees.

Thank you.

Sincerely,



Liza L. White

2004 JAN 14 AM 10:19
LIZAS
COMPETITIVE SERVICES