

# Pay Telephone Service Provider Regulatory Assessment Fee Return

050000

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

# ORIGINAL

FOR PSC USE ONLY

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG458-04-0-R  
 M P D Phones Services  
 773 South Orlando Avenue  
 Cocoa Beach, FL 32931-2521  
 516 JAN - 4 2005

\$ 50.00 06-03-001  
 003001  
 \$ \_\_\_\_\_ P 06-03-001  
 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date 12-30-04  
 Initials of Preparer R

PERIOD COVERED:  
01/01/2004 TO 12/31/2004

Please Complete Below If Official Mailing Address Has Changed

Records/Pauls

MPD Phone Services - DBA 773 S. Orlando Ave. Cocoa Beach, FL 32931  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	CMP _____ COM _____ CTR _____ ECR _____ GCL _____ OPC _____ MMS _____ RCA _____ SCR _____ SEC <u>1</u> OTH _____	AMOUNT
1.	Gross Operating Revenue (Florida)		\$ <u>201.10</u>
2.	Gross Intrastate Revenue		
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)		\$ <u>(1,986.25)</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)		
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.	<b>TOTAL AMOUNT DUE</b>		\$ <u>50.-</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 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 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 performance of his official duty shall be guilty of a misdemeanor of the second degree.

[Signature]  
 (Signature of Company Official)

Proprietor/owner 12/28/04  
 (Title) (Date)

MARLENE B. DECIO COLO  
 (Preparer of Form - Please Print Name)

Telephone Number (321) 784-5912 Fax Number ( )

F.E.I. No. TG 458-04-0-R

DOCUMENT NUMBER-DATE

00041 JAN-3 05

December 28, 2004  
773 S. Orlando Ave.  
Cocoa Beach, Fl. 32931

2005 JAN -3 AM 8: 4

DISTRIBUTION CENTE

The Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, Fl. 32399-0876

To Whom It May concern:

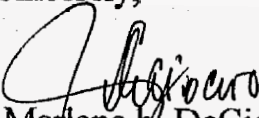
May I inform you that my husband J. Peter DeCioccio passed away last March 14th, 2004, of a colon cancer. Please direct me on how to change the registered name, MPD Phone Services, into my name from J. Peter DeCioccio.

Kindly direct me, too, on how to pay taxes out from the income of our business. As of this year, we encountered so much losses from the hurricane damages and even early part of this year, considering that my husband was terminally ill to do things for our phones. Some of those phones are not working until this time. I am a widow with 4 little ones and without income.

May I also ask you to please give me advise on how to sell some of those phones if I decided to do so in the future.

Thank you for your time and assistance.

Sincerely,

  
Marlene B. DeCioccio  
MPD Phone Services  
321-784-5952