

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

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

TG898-04-0-R
 Laura Senger Communications
 4631 N.W. 15th Avenue
 Ft. Lauderdale, FL 33309-3719

DEPOSIT DATE
5 1 8 JAN - 7 2005

FOR PSC USE ONLY

Check# 149

\$ 50.00 06-03-001
003001

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 1-4-04

Initials of Preparer RS

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)	CMP _____	\$ 822.00
2.	Gross Intrastate Revenue	COM _____	822.00
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	CTR _____ ECR _____ GCL _____	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	OPC _____	\$ 822.00
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	MMS _____	1.23
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	RCA _____	/
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	SCR _____	
8.	TOTAL AMOUNT DUE	SEC <u>1</u> OTH _____	\$ 50.00

MP _____
OM _____
TR _____
CR _____
iCL _____
iPC _____
IMS _____
iCA _____
iCR _____
iEC _____
JTH _____

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 1

* 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 Senger (Signature of Company Official) Owner (Title) 12/31/04 (Date)

Laura Senger Telephone Number (954) 776-0798 Fax Number ()

(Preparer of Form - Please Print Name)

F.E.I. No. 265-63-4028 DOCUMENT NUMBER-DATE

00217 JAN -6 05

**Laura Senger
Communications**

Phone: 954-776-0798
Fax: 954-776-0798
email: sengercommunications@netzero.com

Friday, December 31, 2004

Jackie Gilchrist
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Reference: Cancellation of Pay phone service certificate #8138

Dear Jackie,

I would like to request cancellation of my pay phone certificate #8138 due to profit losses resulting in the shut down of my business.

Please find the attached 2004 regulatory assessment fees form and the attached assessment fees check. If any other forms are needed to cancel my pay phone certificate please send a.s.a.p. other wise I will consider it to be canceled.

I want to thank you for all your help in the past and wish you all the best for the future.

Sincerely,



Laura Senger
Laura Senger Communications, #8138