

050000

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

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

FOR PSC USE ONLY

Check# _____
 \$ 50.00 06-03-001
 003001
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 2-15-05
 Initials of Preparer km

RECEIVED-FPSC
STATUS:

Actual Return PM 2:45
 Estimated Return
 Amended Return

COMMISSION CLERK

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

TG329-04-0-R
 Southern Cinemas, Inc.
~~P.O. Box 8789~~
 Jacksonville, FL ~~32239-0789~~
 540 FEB 23 2005

Nonnye

Please Complete Below If Official Mailing Address Has Changed

** 6801 West 10th*

Overland Park 66212 KS

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	CMP	AMOUNT
1.	Gross Operating Revenue (Florida)	COM	\$ <u>1203.25</u>
2.	Gross Intrastate Revenue	CTR	<u>1203.25</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	ECR	()
		GCL	
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	OPC	\$ <u>1203.25</u>
		MMS	
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	RCA	<u>1.80</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	SCR	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	SEC	
8.	TOTAL AMOUNT DUE	OTH	\$ <u>50.00</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

2

* 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.

Cathy O'Donnell
(Signature of Company Official)

Grubler (Title) 1/21/05 (Date)

Telephone Number 913, 383-6109 Fax Number 913, 432-2324

(Preparer of Form - Please Print Name)

F.E.I. No. 59-0900689 DOCUMENT NUMBER-DATE 01834 FEB 22 8

FPSC-COMMISSION CLERK