# Pay Telephone Service Provider Regulatory Assessment Fee Return

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

ORIGINAL

**STATUS:**

✓ Actual Return
_____ Estimated Return
_____ Amended Return

TG895-04-0-R
Paul Chang
15114 N.W. 7th Court
Pembroke Pines, FL 33028-1851

DEPOSIT DATE
5 4 4 MAR 9 2005

**FOR PSC USE ONLY**

Check# 1367

$ 50.00    06-03-001
           003001
$ 5.00   P
           06-03-001
           004011
$ 1.00   I

Postmark Date 33-05
Initials of Preparer RT

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

Records / PAIF

**Please Complete Below If Official Mailing Address Has Changed**

PAUL CHANG        15714 NW 7th Ct        Pembroke Pines FL 33028
(Name of Company)        (Address)        (City/State)        (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | CMP ____ | AMOUNT |
|---|---|---|---|
| 1. | Gross Operating Revenue (Florida) | COM ____ | $_____ |
| 2. | Gross Intrastate Revenue | CTR ____ | _____ |
| 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 ____ | $_____ |
|  |  | MMS ____ |  |
| 5. | Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015) | RCA ____ | _____ |
| 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 1 | _____ |
| 8. | TOTAL AMOUNT DUE | OTH ____ | $ 50.— |

**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.

_____        OWNER        2/28/05
(Signature of Company Official)        (Title)        (Date)

PAUL CHANG        Telephone Number 754 423 5880    Fax Number (    )
(Preparer of Form - Please Print Name)

F.E.I. No. _____        DOCUMENT NUMBER-DATE

02516 MAR 15 ro

FPSC-COMMISSION CLERK

PSC/CMP-26 (Rev.11/11/99)

2/28/00

Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399

RE: Certificate Cancellation
TG895-04-0-D

Dear Sirs

Please cancel my certificate TG895-04-0-D. I no longer want to do business in the state of Florida. As at a year ago most of my payphones were stolen. I have cancelled all the telephone lines and wish to cancel my certificate at this time.

I can be reached at 754 423 5880.

Thank You

Paul Chang
15114 NW 7th Ct
Pembroke Pines FL 33028