

041419
ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004

Competitive Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX696-03-0-R
 Talk and Pay, Inc.
 7647 Doubleton Drive
 Delray Beach, FL 33446-3632

549 MAR 29 2005

FOR PSC USE ONLY

Check# 1983

\$ 50.00 06-03-001 003001

\$ 12.50 P 06-03-001 004011

\$ 7.00 I

Postmark Date 3-26-05

Initials of Preparer PT

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**	0	0
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		0
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		0
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		0
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		0
13.	TOTAL AMOUNT DUE		\$ 0

CMP
 COM
 CTR
 ECR
 GCL
 OPC
 MMS
 RCA
 SCR
 SEC
 OTH

* These amounts must be intrastate only and must be verifiable.
 ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

CURRENT COMPANY STATUS

() Facilities-Based Provider
 () Reseller
 Other: not currently operating

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications facilities? () YES () NO
 If YES, who do you lease these facilities from? Name: N/A

Address: _____

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 further declare 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/her duty shall be guilty of a misdemeanor of the second degree.

Paul Handerhan
 (Signature of Company Official)
Paul Handerhan
 (Preparer of Form - Please Print Name)

Resident 3/25/05
 (Title) (Date)
 Telephone Number () 561 541 8572 Fax Number () 561 865 1649
 F.E.I. No. 65-1120059

DOCUMENT NUMBER-DATE
03035 MAR 29 05
 FPSC-COMMISSION CLERK