

Pay Telephone Service Provider Regulatory Assessment Fee Return

cx \$ 71.00

ORIGINAL

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG870-04-0-R
M.T.G. 60215577025
P. O. Box 592665
Miami, FL 33159-2665
DOCKET NO 050675 TC (ISLER)

FOR PSC USE ONLY

Check# 54815577025

\$ 50.00 06-03-001
003001

\$ 12.50 P 06-03-001
004011

\$ 5.50 I

Postmark Date 12/02/05

Initials of Preparer _____

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

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 _____	0.00
2.	Gross Intrastate Revenue	COM _____	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	CTR _____ ECR _____	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	GCL _____ OPC _____	\$ 0.00
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	RCA _____	0.00
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)	SGA _____	
8.	TOTAL AMOUNT DUE	SEC <u>1</u> OTH _____	\$ 0.00

RECEIVED
DEC 13 3:05
COMMISSION CLERK

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 _____

* 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.

(Signature of Company Official) (Title) (Date)

(Preparer of Form - Please Print Name) Telephone Number 305 382-4712 Fax Number ()

F.E.I. No. 65-0886796 DOCUMENT NUMBER-DATE
11428 DEC-5 05