atory Assessment Fee Return Pay Telephone Service Proxi FOR PSC USE ONLY Check # 1 (768 STATUS: TH014-06-0-R 06-03-001 Actual Return Pollack Enterprises, Inc. 003001 Estimated Return 1595 East Minnesota Avenue Amended Return Deland, FL 32724-4626 D6-03-001 004011 PERIOD COVERED: 01/01/2006 TO 12/31/2006 Docket No. 060170-IC (Inter) DATE Initials of Preparer LINE ACCOUNT CLASSIFICATION NO. AMOUNT 1. Gross Operating Revenue (Florida) 2. Gross Intrastate Revenue 3. LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back) CMP **TOTAL REVENUES for Regulatory Assessment Fee Calculation** COM (Line 2 less Line 3) CTR Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020) **ECR** Penalty for Late Payment (see "3. Failure to File by Due Date" on back) Interest for Late Payment (see "3. Failure to File by Due Date" on back) RCA Extension Payment Fee (see "4. Extension" on back) **iCR TOTAL AMOUNT DUE (MINIMUM \$50.00)** Number of pay telephones in operation at close of period covered by TH this Return (1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back). (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes. 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) 386) 2951530 Fax Number ((Preparer of Form - Please Print Name)