

ORIGINAL

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date:	3/23/2006	Docket No.:	060278-TC
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1. Division Name/Staff Name:	Division Of Competitive Markets & Enforcement/Isler
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2. OPR:	Division Of The Commission Clerk And Administrative Services
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3. OCR:	Office Of The General Counsel
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4. Suggested Docket Title:	Request for cancellation of PATS Certificate No. 5971 by THETA COMM, INC., effective December 31, 2005.
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5. Suggested Docket Mailing List (attach separate sheet if necessary)

A. Provide NAMES OR ACRONYMS ONLY if a regulated company.

B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

2. Interested persons and their representatives (if any):

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

02648 MAR 23 06

STATE OF FLORIDA

COMMISSIONERS:
LISA POLAK EDGAR, CHAIRMAN
J. TERRY DEASON
ISILIO ARRIAGA
MATTHEW M. CARTER II
KATRINA J. TEW



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

March 23, 2006

Mr. Donald M. Strickland, Owner/Manager
THETA COMM, INC. (TG441)
PO Box 231
Clearwater, FL 33757-0231

Dear Mr. Strickland:

The Commission's Fiscal Section provided me a copy of THETA COMM, INC.'s 2005 Regulatory Assessment Fee return, however, no payment was included. The return form, dated December 25, 2005, had the handwritten note "My two phones are shut down and are no longer in service."

As information, the Regulatory Assessment Fee is owed if a certificate is active during any portion of a calendar year. Since you notified the Commission in 2005 that you no longer needed your payphone certificate, I will establish a docket to grant THETA COMM, INC. cancellation of its pay telephone certificate. However, the 2005 fee and late payment charges must be paid first. If payment is postmarked by March 31, 2006, the amount due is \$56 (\$50 fee, \$6 late payment charges). The 2005 Regulatory Assessment Fee is enclosed.

As information, there are two types of cancellation, one is voluntary, which is granted if a company leaves in good standing and does not owe any fees. The other is involuntary, which is when a certificate is cancelled on the Commission's own motion for violation of a rule, order, or statute. Please confirm in writing that you are requesting cancellation, and include the date you stopped providing service, the 2005 Regulatory Assessment Fee return form, and full payment. Please use the enclosed blue envelope, which will insure prompt processing.

Please respond by April 7, 2006. In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-phone, (850) 413-6503-fax, by internet e-mail at PIsler@psc.state.fl.us, or at the address below.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler
Bureau of Telecommunications Service Quality,
Certification and Enforcement

Enclosure

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
01/01/2005 TO 12/31/2005

TG441-05-0-R
 THETA COMM, INC.
 P. O. Box 231
 Clearwater, FL 33757-0231
 .
 Request for cancellation (Isler)

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # _____

\$ _____ 06-03-001
003001

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ _____ ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by 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) _____ (Date)

_____ (Preparer of Form - Please Print Name) Telephone Number () _____ Fax Number () _____

F.E.I. No. _____

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2005 TO 12/31/2005

*Received
Paula*

(See Filing Instructions on Back of Form)

TG441-05-0-R-4 PM 2:40
THETA COMM, INC.
P. O. Box 231
Clearwater, FL 33757-0231

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check # _____	
\$ _____	06-03-001 003001
\$ <u>0</u>	P 06-03-001 004011
\$ _____	I
Postmark Date <u>NO CHECK</u>	
Initials of Preparer _____	

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
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7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ <u>0</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

(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.

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[Signature] _____ OWNER _____ 25 DEC 05
(Signature of Company Official) (Title) (Date)

DONALD M STRICKLAND Telephone Number (727) 4247635 Fax Number ()
(Preparer of Form - Please Print Name)

F.E.I. No. 59353 4363

MY TWO PHONES ARE SHUT DOWN

MCD Company Information for TG441

Printed on 02/01/2006 at 11:07:17 by PJI

Company Code: TG441
Complete Name: THETA COMM, INC.
Mailing Name: THETA COMM, INC.
Certificate No(s): 5971
Status: Active
Regulation Date: 12/22/1998
Bankruptcy: No
Company Liaison #1: Donald M. Strickland
Title: Owner/Manager
Mailing Address: P. O. Box 231

Physical Location: Clearwater, FL 33757-0231

Phone: (727) 442-9352
Fax:

Related Dockets:

981354-TC . Application for certificate to provide pay telephone service by THETA COMM, INC.

991345-TC Cancellation by Florida Public Service Commission of Pay Telephone Certificate No. 5971 issued to THETA COMM, INC. for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.