

ORIGINAL

04/01/2006

060338-TC

Intel x communications  
12905 lake ventana dr  
Tampa fl 33625

Please be advised that if there a late penalty or assessed fee I would like to  
Have this license canceled, and I will send the dues for the year 2006.

RIFAT HASAN



DOCUMENT NUMBER-DATE

03236 APR 11 08

EDSC-COMMISSION CLERK

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2006 TO 12/31/2006

TG249-06-0-R  
Intel, X Communications  
12905 Lake Ventana Drive  
Tampa, FL 33680-4117

Possible request for cancellation (Isler)  
DEPOSIT DATE  
643 APR 17 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	1185
\$	50.00 06-03-001 003001
\$	5.00 P 06-03-001 004011
\$	1.00 I
Postmark Date	4-6-06
Initials of Preparer	RF

*Records / Paula*

\_\_\_\_\_  
(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 <sup>(1)</sup> (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (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.	<b>TOTAL AMOUNT DUE (MINIMUM \$50.00)</b>	\$ <u>56.00</u> <sup>(2)</sup>
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]* (Signature of Company Official)      OWNER (Title)      12-31-06 (Date)

RIFAT HASAN (Preparer of Form - Please Print Name)      Telephone Number (813) 817-9673 Fax Number (813) 558-7086

F.E.I. No. \_\_\_\_\_