

STATUS: Actual Return Estimated Return Amended Return

PERIOD COVERED: 1/01/2005 TO 12/31/2005

646 APR 25 2005
 646 APR 25 2005
 P.O. Box 231
 Clearwater, FL 33757-0231
 THETA COMM, INC.
 Request for cancellation (Islet) []

pauses

TG441-05-0-R
 P. O. Box 231
 Clearwater, FL 33757-0231
 Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 3064

06-03-001 \$ 50.00
 06-03-001 \$ 5.00
 06-03-001 \$ 1.00

Postmark Date 4-17-06
 Initials of Preparer []

Name of Company: THETA COMM
 Address: 15519 CORTER BL
 (City/State): ROCKVILLE MD
 (Zip): 20850

LINE NO. ACCOUNT CLASSIFICATION AMOUNT

1.	Gross Operating Revenue (Florida)		\$	
2.	Gross Intrastate Revenue			
3.	LESS: Amounts Paid to Other Telecommunications Companies (1)			
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)	RCA		6
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	SCR		
8.	Extension Payment Fee (see "4. Extension" on back)	SGA		
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	SEC	\$	56
10.	Number of pay telephones in operation at close of period covered by this Return	OTH	Nonpay	0

(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 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: [Signature]
 Title: OWNER
 Date: 17 March 06

Preparer of Form - Please Print Name: _____
 Telephone Number () _____
 Fax Number () _____
 F.E.I. No. _____

RECEIVED-FFSC
 APR 24 PM 3:05
 COMMISSION CLERK

060278