

ORIGINAL

September 11, 2006
MPD Phone Services
773 S. Orlando Ave.
Cocoa Beach, Fl. 32931

RECEIVED-FPSC
06 SEP 18 AM 8:30

COMMISSION
CLERK

The Florida Public Service Commission
2540 Shumard Oak, Boulevard
Tallahassee, Fl. 32399-0850

Re: Business Termination as of 9-1-06

060634-TC

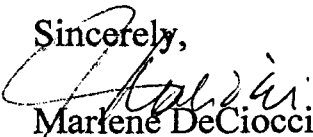
Dear Sir/Madam;

May I inform you that I am terminating my Pay Phone business effective September 1st, 2006. This is because I am not generating any income to pay for my business expenses and causing me losses instead. Things were not going right since my husband passed away 2 years ago.

Enclosed is a check in the amount of \$50.00.

Thank you.

Sincerely,


Marlene DeCioccio
proprietor
321-784-5952

- MP _____
- JM _____
- TR _____
- CR _____
- CL _____
- PC _____
- CA _____
- CR _____
- GA _____
- SEC 1
- JTH _____

DOCUMENT NUMBER-DATE

08532 SEP 18 06

FPSC-COMMISSION CLERK

ORIGINAL

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

(See Filing Instructions on Back of Form)

TG458-06-0-R
M P D Phones Services
773 South Orlando Avenue
Cocoa Beach, FL 32931-2521

Request for cancellation (Slur)
681 SEP 18 2006

FOR PSC USE ONLY

Check # 2690

\$ 50.00 06-03-001
003001

\$ _____ E

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 9-13-06
Initials of Preparer RT

*Paula +
Records*

Please Complete Below If Official Mailing Address Has Changed

M P D Phone Services 773 S. Orlando Ave. Cocoa Beach, FL 32931
(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)	\$ <u>50.00</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	_____

RECEIVED - PSC
06 SEP 18 AM 8 30
COMMISSION CLERK

- 2 -

(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.

Mariene DeCiocio (Signature of Company Official) proprietor (Title) 9/11/06 (Date)

MARIENE DECIOCIO (Preparer of Form - Please Print Name) Telephone Number (321) 784-5952 Fax Number _____

F.E.I. No. _____