

ORIGINAL

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

TG806-06-0-R
 Palm Beach Community College
 % Mr. Marion Sanders
 4200 Congress Avenue
 Lake Worth, FL 33461-4705
 7820 DEPOSIT SA
 703 JAN 19 2007

FOR PSC USE ONLY

Check # 00372675
 \$ 50.00 06-03-001
 003001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 1-17-07
 Initials of Preparer RT

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

*Paula
 Records*

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
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)	\$ 0
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)	
10.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ 50.00 ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	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 the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Marion Sanders _____ Chief Information Officer _____ 1/8/07
 (Signature of Company Official) (Title) (Date)

Marion Sanders, Telecomm/Network Analyst Telephone Number (561) 868-3722 Fax Number (561) 868-3254
 (Preparer of Form - Please Print Name)

F.E.I. No. 59-1216000

00527 JAN 19 2007



4200 CONGRESS AVE.
LAKE WORTH, FL 33461-4796

561-868-3241 tel
561-868-3259 fax

January 8, 2007

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Attention: Fiscal Services

To Whom It May Concern:

This letter serves as notice that Palm Beach Community College no longer requires service of certificate number 7820 for pay telephone service and wish to cancel same effective Decembr 31, 2006.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Anthony Parziale", written over a white rectangular area.

Anthony Parziale
Chief Information Officer
Information Technology



MSC #11

4200 CONGRESS AVENUE
LAKE WORTH
FL 33461-4796

016126509724

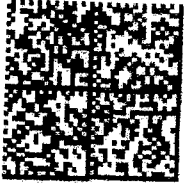
\$00.390

01/17/2007

Mailed From 33461

US POSTAGE

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