

# REQUEST TO ESTABLISH DOCKET

(Please Type)

Date: 3/23/2007 Docket No.: 070186-TC

1. Division Name/Staff Name: Division Of Competitive Markets & Enforcement/Isler

2. OPR: Division Of The Commission Clerk And Administrative Services

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Request for cancellation of PATS Certificate No. 3798 by Junious E. Robinson III, d/b/a Brandon Communications, effective December 31, 2006.

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

02571 MAR 23 06

**COMPANY IDENTIFICATION**

Printed on 03/23/2007 at 08:35:50 by PJI

Complete Name: Junious E. Robinson III, d/b/a Brandon Communications

Mailing Name: Brandon Communications

Company Code: TF146 FEID Number: 59-3242433

**RAF ACCOUNT FOR THE PERIOD 01/01/2006 THROUGH 12/31/2006**

Reg. Date:	07/22/1994	Inactive Date:	
Service:	PAT - Pay Telephone		
Received:	No RAF Form		
Status:	Satisfied		
Amended:	No	Extension:	No
Frozen:	No	Comments:	No
Payment Count:	1 Payment Made to Date		
Operating Rev:	\$0.00	Interstate Rev:	\$0.00
RAF Rate:	0.0020	Net RAF Due:	\$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$2.50	\$2.50	\$0.00
Interest	\$0.50	\$0.50	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$53.00</b>	<b>\$53.00</b>	<b>\$0.00</b>

Last modification was made on Thursday, March 15, 2007 at 3:33 PM by Valorie Moore

## Paula Isler

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**From:** Paula Isler  
**Sent:** Friday, January 05, 2007 12:29 PM  
**To:** 'Bran361327@aol.com'  
**Subject:** Junious E. Robinson III, d/b/a Brandon Communications (TF146)

Dear Mr. Robinson:

The Commission received your 2006 Regulatory Assessment Fee return form with the note "no longer in business" written on it. Payment of the minimum \$50 was not included. If you are requesting cancellation of your pay telephone certificate, payment of the Regulatory Assessment Fee must be made before I can recommend a voluntary cancellation. Even if a company had no revenues or ever started operations, the minimum fee still applies.

Please review this and let me know by January 19, 2007, when the Commission can expect payment. Just as information, if payment is received after the due date of January 30, 2007, then you will also owe the 2007 fee. The 2007 minimum fee increased to \$100 (instead of \$50). Let me know if you have any questions.

Paula Isler  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850  
(850) 413-6502-Phone  
(850) 413-6503-Fax  
PIsler@psc.state.fl.us

# Pay Telephone Service Provider Regulatory Assessment Fee Return

*NO CHECK!*

## 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)

TF146-06-0-R  
 Brandon Communications -4 PM 3:00  
 P. O. Box 1981  
 Brandon, FL 33509-1981  
 DIVISION OF REGULATIVE SERVICES

**FOR PSC USE ONLY**

Check # \_\_\_\_\_

\$ \_\_\_\_\_ 06-03-001  
003001

\$ \_\_\_\_\_ E

\$ \_\_\_\_\_ F 06-03-001  
004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

*Paula*

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)	\$ _____
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>	\$ _____ <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	_____

*transfer*

*promissory*

(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)

\_\_\_\_\_  
 Telephone Number ( ) Fax Number ( )

\_\_\_\_\_  
 (Preparer of Form - Please Print Name)

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