

Paula + Records

January 8, 2008

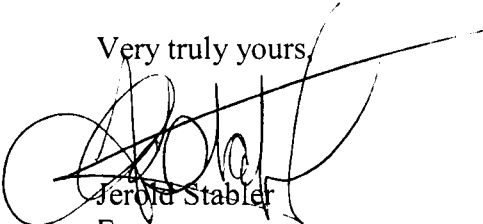
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850  
Attn: Fiscal Services

RE: Available Telecom Services, Inc.  
F.E.I. No. 65-1026191

Gentlemen:

As a past officer of Available Telecom Services, Inc. and in reference to the Competitive Local Exchange Company Regulatory Assessment Fee Return and the Interexchange Company Regulatory Assessment Fee Return (forms enclosed), please be advised that the above referenced company closed its business as of December 31, 2006. Due to the closing of the company and no business being done during the 2007 year, there are no funds at all to pay the minimum amounts indicated on these returns. We are requesting cancellation of both certificates and acceptance of this letter as notification of such.

Very truly yours,

  
Jerold Stabler  
Encls.

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC \_\_\_\_\_
- OTH ALG

00 JAN 10 AM 9:33  
ADMINISTRATIVE SERVICES

080038  
RECEIVED-FPSC  
08 FEB -4 AM 10:25  
COMMISSION  
CLERK

DOCUMENT NUMBER-DATE  
00869 FEB-4 08  
FPSC-COMMISSION CLERK

# Interexchange Company Regulatory Assessment Fee Return

*Business Closed 12/31/06*

SCANNED

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

TJ460-07-0-R  
 Available Telecom Services, Inc.  
 5849 Okeechobee Blvd., Suite 201  
 West Palm Beach, FL 33417-4352

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # No Check!

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

\$ \_\_\_\_\_ E  
 \_\_\_\_\_ P 06-03-001  
 004011

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

Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

PERIOD COVERED:

01/01/2007 TO 12/31/2007

*Paula Records*

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>0</u>	\$ <u>0</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( <u>0</u> )	( <u>0</u> )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation	_____	\$ _____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)	_____	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Extension Payment Fee (see "4. Extension" on back)	_____	_____
13.	<b>TOTAL AMOUNT DUE (\$700.00 MINIMUM)</b>	_____	\$ <u>0</u> <sup>(2)</sup>

(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 \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

### CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Alternate-Operator Service
- Reseller
- Rebiller
- Call Aggregator
- Other: No longer doing Business

### BILLING INFORMATION

Complete below if billing agent is other than yourself.

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected?  
 Amount: \$ \_\_\_\_\_ for 20 \_\_\_\_\_

What is the total amount of bond held (if applicable)?  
 Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

### COMPANY INFORMATION

Do you lease telecommunications' facilities?  YES  NO

If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

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/her duty shall be guilty of a misdemeanor of the second degree.

Jerrold Stabler (Signature of Company Official) President (Title) 1/8/05 (Date)

Jerrold Stabler (Preparer of Form - Please Print Name) Telephone Number (561) 471-1864 Fax Number (561) 440-1720

F.E.I. No. 65-1026191

DOCUMENT NUMBER DATE  
 00869 FEB-4/8  
 FPSC-COMMISSION CLERK

**Competitive Local Exchange Company Regulatory Assessment Fee Return**

*BUSINESS* *Closed 12/31/06*  
 Florida Public Service Commission

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**  
 01/01/2007 TO 12/31/2007

(See Filing Instructions on Back of Form)  
 TX513-07-0-R  
 Available Telecom Services, Inc.  
 5849 Okeechobee Blvd., Suite 201  
 West Palm Beach, FL 33417-4352

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # No Check!

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

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

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

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

Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>0</u>	\$ <u>0</u>
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	<b>TOTAL REVENUES</b>		\$ <u>0</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>		_____
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ _____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
13.	Extension Payment Fee (see "4. Extension" on back)		_____
14.	<b>TOTAL AMOUNT DUE (\$600.00 MINIMUM)</b>		\$ <u>0</u> <sup>(3)</sup>

(1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.  
 (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
 (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

**CURRENT COMPANY STATUS** *No Longer Doing Local Services*

( ) Facilities-Based Provider  
 ( ) Reseller  
 (X) Other: out of business

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

**COMPANY INFORMATION**

Do you lease telecommunications' facilities? ( ) YES ( ) NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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.

*Jerold Stabler*  
 (Signature of Company Official) President (Title) 1/8/08 (Date)

Jerold Stabler  
 (Preparer of Form - Please Print Name) Telephone Number 561 471-1864 Fax Number 561 471-1720

F.E.I. No. 605-1026191