

**REQUEST TO ESTABLISH DOCKET**

(Please Type)

**Date:** 4/10/2008      **Docket No.:** 080209

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

**2. OPR:**

**3. OCR:** Office Of The General Counsel

**4. Suggested Docket Title:** Request for cancellation of PATS Certificate No. 2848 by MDF Express, effective March 19, 2008.

RECEIVED-FPSC  
APR 10 PM 2:32  
COMMISSION  
CLERK

**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):

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**2. Interested persons and their representatives (if any):**

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**6. Check one:**

- Documentation is attached.
- Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

02785 APR 10 8

FPSC-COMMISSION CLERK

*From the Desk of.....*

*Paula Isler*

*Florida Public Service Commission*

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April 10, 2008

RE: MDF Express (TE487)

Dear Mr. Bayles:

The Commission received your letter dated March 15, 2008, requesting cancellation of your pay telephone certificate. Before I can proceed with a voluntary cancellation, the 2008 fee of \$100 must be paid.

As information, the Regulatory Assessment Fee is applicable if a certificate is active for any day during a calendar year even if a company had no revenues or ever started operations. This means that the 2008 fee is also applicable.

There are two types of cancellation. One is voluntary, which is when a certificate holder writes us and requests cancellation and pays all Regulatory Assessment Fees. The other is involuntary, and is when a certificate is cancelled on the Commission's own motion for violation of a rule, order, or statute. If a certificate is cancelled on the Commission's own motion, any unpaid fees are turned over to collections.

When you pay the \$100 minimum fee, please write "TE487" on your check. Return the 2008 Regulatory Assessment Fee return form and use the enclosed blue envelope, which will insure prompt processing.

Please let me know if you have any questions. I can be reached at (850) 413-6502-phone, (850) 413-6503-fax, via e-mail at [PIsler@psc.state.fl.us](mailto:PIsler@psc.state.fl.us), or at 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0850.

Enclosure (2008 Regulatory Assessment Fee return form)

# MAGIC DRAGON FARMS

Ron Bayles  
CEO

MDF Express  
PO Box 2130  
New Smyrna Beach, FL 32170

Bruce Faulkenham  
VP - Operations

Kelly Faulkenham  
VP - Administration

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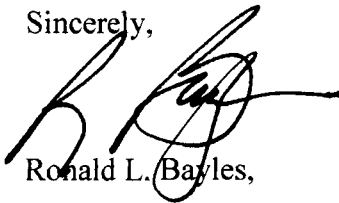
March 15, 2008

Beth Salak, Director  
Public Service Commission  
Capital Circle Office Center  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Dear Ms. Salak:

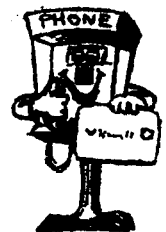
This is to officially notify you that MDF Express, TE487, 503 N. Causeway, #501, New Smyrna Beach, Florida, COCOT Certificate #2848, has gone out of business as of March 14, 2008.

Sincerely,



Ronald L. Bayles,

**Contractor**  
 **UNITED STATES  
POSTAL SERVICE**



# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**

01/01/2007 TO 12/31/2007

TE487-07-0-R  
 MDF Express  
 P. O. Box 2130  
 New Smyrna Beach, FL 32170-2130

DEPOSIT MAIL  
 800 JAN 15 2008

FOR PSC USE ONLY

Check # 8158  
 \$ 100.00 06-03-001  
 003001  
 \$ \_\_\_\_\_ E  
 \$ \_\_\_\_\_ P 06-03-001  
 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date 1-11-08  
 Initials of Preparer RT

*Nanngye*

Please Complete Below If Official Mailing Address Has Changed

MDF Express (Name of Company)      503 N Causeway, #501 (Address)      New Smyrna Beach (City/State)      FL 32169 (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION                                                                             | AMOUNT                          |
|----------|----------------------------------------------------------------------------------------------------|---------------------------------|
| 1.       | Gross Operating Revenue (Florida)                                                                  | \$ <u>35,823.58</u>             |
| 2.       | Gross Intrastate Revenue                                                                           | <u>35,823.58</u>                |
| 3.       | LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup><br>(see "2. Fees" on back) | ( <u>15,540.63</u> )            |
| 4.       | <b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b><br>(Line 2 less Line 3)            | \$ <u>20,282.95</u>             |
| 5.       | Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)                                        | <u>40.57</u>                    |
| 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 \$100.00)</b>                                                         | \$ <u>100.00</u> <sup>(2)</sup> |
| 10.      | Number of pay telephones in operation at close of period covered by this Return                    | <u>22</u>                       |

(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 \$100 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] (Signature of Company Official)      Pres. (Title)      1/10/08 (Date)

Telephone Number (386) 498-0036 Fax Number ( )

(Preparer of Form - Please Print Name)

F.E.I. No. 59-3437163