

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date:	4/10/2008	Docket No.:	080211
--------------	-----------	--------------------	--------

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. 2903 by Americomm Network, Inc., effective March 17, 2008.
-----------------------------------	---

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

02787 APR 10 8

Paula Isler

From: Paula Isler
Sent: Wednesday, April 09, 2008 2:36 PM
To: 'amirsabet@hotmail.com'
Subject: Americomm Network, Inc. - TE542
Attachments: RAF-TE542-08-0-R.pdf

TO: AMIR M. SABET, PRESIDENT

Dear Mr. Sabet:

The Commission received your note "This company has been closed and no longer in business. Please cancel this account. 03/13/08", which was written on the request for updated reporting requirements form. Before a voluntary cancellation can be granted, the 2008 Regulatory Assessment Fee must be paid. The Regulatory Assessment Fee is applicable if a certificate is active for any day during a calendar year, whether or not a company had any revenues or started operations. Since we were not notified until March 2008, this means Americomm Network, Inc. is also responsible for the 2008 fee. The 2008 Regulatory Assessment Fee return form is attached.

Please let me know if you have any questions. Thanks.

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

Paula Isler

From: Ray Kennedy
Sent: Tuesday, March 18, 2008 3:32 PM
To: Paula Isler
Subject: FW: New filing in undocketed matter

Looks like they want to cancel

-----Original Message-----

From: Rick Moses
Sent: Tuesday, March 18, 2008 3:25 PM
To: Ray Kennedy; Bob Casey
Subject: FW: New filing in undocketed matter

From: Filings Clerk
Sent: Tuesday, March 18, 2008 3:24:29 PM
To: Lisa Harvey; Beth Salak; Rick Moses; Sally Simmons; Carolyn Craig; Theresa Walsh
Subject: New filing in undocketed matter Auto forwarded by a Rule

DOCUMENT DESCRIPTION = Americomm Network, Inc. [Americomm] - MCD update form for Company Code TE542; handwritten in "mailing name" area is "this company has been closed and [is] no longer in business, please cancel this account." [CLK note: Handwritten note dated 3/17/08 from CLK/Grant advises no request for cancellation was included with form.]

DOCUMENT PATH =
file://L:\PSC\LIBRARY\FILINGS\08\01956-08

Document ID = 01956-08
Document Filed 03-17-08

The filing described above is now available in PDF format.

To access it, click on the DOCUMENT PATH link. This will pop up a Windows Explorer window. You will see the PDF (Adobe Acrobat) version; you will also see other versions if they exist. Double-click on the preferred version and the document will open.

If you need to cut/paste/search in the document and find you can't, try later when the reformatted version is available. (For more information, see PDF Tips on the How To menu.)

This is an automatically generated e-mail; no response/reply is necessary.

3-17-08 - No key to cancel cert -
beg response to CLK/CLK for further handling

080000

McK
3-17-08
OK

Americomm Network, Inc.

Company Code: TE542

Certificate No(s): 2903

Physical Location: 43 South Roscoe Blvd. Ponte Vedra, FL 32082-3813	PRINT CHANGES BELOW:
Mailing Address: 43 South Roscoe Blvd. Ponte Vedra, FL 32082-3813	
Liaison Officer(s): 1. Amir M. Sabet, President, (904) 219-2424 2. Name, Title, Phone number	
Fax No(s): (904) 280-8125, Fax 2	
E-mail Address: amirsabet@hotmail.com	
Website Address:	
Federal Employee ID No.: 59-2861706	

RECEIVED FPSC
08 MAR 17 AM 10:58
COMMISSION
CLERK

TE542

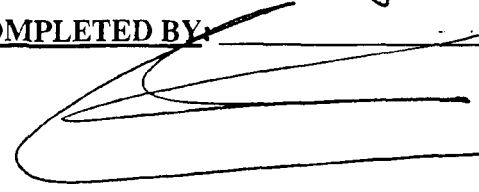
IMPORTANT NOTICE

The following section is applicable ONLY to companies with "d/b/a" as part of their official company name:

Official correspondence is addressed to the "Mailing Name" of regulated companies, which is the last "d/b/a" of the company's official name. Our records reflect the mailing name shown below for your company. If you prefer to receive official correspondence in another mailing name, please make the change in the space provided. The name can be no longer than 58 characters (including spaces) and MUST be part of the official company name.

Mailing Name:
Americomm Network, Inc.

~~This company has been closed and
no longer in business. Please cancel
COMPLETED BY: _____ Date: this account!~~



3/13/08
DOCUMENT NUMBER-DATE
01956 MAR 17 8
FPSC-COMMISSION CLERK

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

TE542-07-0-R
Americomm Network, Inc.
43 South Roscoe Blvd.
Ponte Vedra, FL 32082-3813
POST
800 JAN 15 2008

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
Check # 2866
\$ 100.00 06-03-001
003001
\$ _____ E
\$ _____ P 06-03-001
004011
\$ _____ I
Postmark Date 1-9-08
Initials of Preparer RT

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>8206.00</u>
2.	Gross Intrastate Revenue	<u>7120.00</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(<u>0</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>7120.00</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>1424</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
8.	Extension Payment Fee (see "4. Extension" on back)	<u>0</u>
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ <u>109.00</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	<u>6</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 of Company Official) Pre (Title) 1/10/08 (Date)

(Preparer of Form - Please Print Name) Telephone Number (904) 219-2424 Fax Number (904) 280-~~0000~~ 8125

F.E.I. No. 59-2861706