



2009 JAN 27 PM 3:09

DIVISION OF REGULATORY COMPLIANCE

090054

January 26, 2009

2600 Maitland Center Pkwy *Via Overnight Delivery*

Suite 300

Maitland, FL 32751

P.O. Drawer 200

Winter Park, FL

32790-0200

Tel: 407-740-8575

Fax: 407-740-0613

www.tminc.com

Blanca Bayo, Director  
Division of the Commission Clerk &  
Administrative Services  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0870

RECEIVED- FPSC  
09 JAN 28 PM 2:55  
COMMISSION CLERK

RE: Phone1, Inc.  
Cancellation of Registration and Withdrawal of Toll Resale Tariff  
TJ591

Dear Ms. Bayo:

The original and six (6) copies of this letter is to advise the Commission that Phone1, Inc. is hereby requesting cancellation of its certificate of authority to resell interexchange telecommunications services within the State of Florida and withdrawal of its tariff, FL P.S.C. No. 1. The Company has no customers in Florida and has ceased its operations for telecommunications in the state.

Simultaneous with this filing, the FL IXC Regulatory Assessment Fee filing for the year ending 12/31/2008 has been submitted. A copy of that filing is attached.

Please acknowledge receipt of this filing by returning, file-stamped, the extra copy of this cover letter in the self-addressed, stamped envelope enclosed for that purpose. If you have any questions regarding this filing, please contact me at (407) 740-3005 or via email at [mbyrnes@tminc.com](mailto:mbyrnes@tminc.com). Thank you for your assistance in this matter.

Sincerely,

*Monique Byrnes*

Monique Byrnes  
Consultant to Phone1, Inc.

cc: O. Lew, Phone1  
file: Phone1 - FL  
tms: fli0901

COM \_\_\_\_\_  
ECR \_\_\_\_\_  
GCL \_\_\_\_\_  
OPC \_\_\_\_\_  
RCP \_\_\_\_\_  
SSC \_\_\_\_\_  
SGA \_\_\_\_\_  
ADM \_\_\_\_\_  
CLK *Nonny*

DOCUMENT NUMBER-DATE  
00705 JAN 28 8  
COMMISSION CLERK



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January 23, 2009  
Via Overnight Delivery

2009 JAN 27 PM 3: 09

DIVISION OF  
REGULATORY COMPLIANCE

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

RE: Phone 1, Inc  
FL IXC Regulatory Assessment Fee (Jan-Dec, prev year)  
For the year ending December 31, 2008  
Utility Number: TJ591

Dear Sir or Madam:

Enclosed please find the FL IXC Regulatory Assessment Fee (Jan-Dec, prev year) for the year ending December 31, 2008, filed on behalf of Phone 1, Inc. A check in the amount of \$700.00 is enclosed to cover the remittance fees due.

Phone 1, Inc.'s request for cancellation of operating authority is on file, and is expected to be approved within one month. The Company has ceased operations. There will be no revenues in 2009. This is the final report submitted on behalf of Phone 1, Inc.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Kimberly N. Geuder  
Compliance Reporting Specialist

cc: Syed Naqvi - Phone 1, Inc  
file: Phone 1, Inc - Reporting - Florida

DOCUMENT NUMBER-DATE  
00705 JAN 28 08  
FPSC-COMMISSION CLERK

# Interexchange Company Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TJ591  
 Phone 1, Inc  
 12864 Biscayne Blvd. Suite 365  
 North Miami, FL 33181

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

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

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

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

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

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

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

**PERIOD COVERED:**  
 01/01/08 TO 12/31/08

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 43,619.94	\$ 268.75
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services	0.00	0.00
5.	Miscellaneous Services	0.00	0.00
6.	<b>TOTAL Telephone Services</b>	<b>\$ 43,619.94</b>	<b>\$ 268.75</b>
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( _____ )
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>		<b>\$ 268.75</b>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		\$ 0.54
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>		<b>\$ 700.00</b> <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
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: \_\_\_\_\_

### BILLING INFORMATION

Complete below if billing agent if other than yourself.

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

What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 2008

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 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.

\_\_\_\_\_  
 (Signature of Company Official)

\_\_\_\_\_  
 President

\_\_\_\_\_  
 (Title)

1/16/09  
 (Date)

Oliverio Lew

(Preparer of Form-Please Print Name)

Telephone Number 305-371-3300 Fax Number 305-371-4686

F.E.I.No. 65-1060211

RECEIVED JAN 21 2009

DOCUMENT NUMBER-DATE

00705 JAN 28 8

FPSC-COMMISSION CLERK

# FLOP A PUBLIC SERVICE COMMISSION

Instructions For Filing Regulatory Assessment Fee Return  
(Interexchange Company)

1. **WHEN TO FILE:** For companies which owed a total of **\$10,000 or more** of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return is required twice a year and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, **and**  
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of **less than \$10,000** of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before January 30 for the prior twelve-month period January 1 through December 31.*

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee Return may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0020 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount in Line 7.

On Line 7, deduct any amounts paid to telecommunications company for the use of any telecommunications network to provide service to its customers. **Do not deduct** any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 10). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 11). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

*When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the Authority to order the company to pay a penalty and/or remove the company from the list of companies registered to provide service. The company will have an opportunity to respond to any proposed Commission action.*

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Regulatory Assessment Fee Extension Request form* (PSC/ADM 124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due (Line 13):

0.75% of the fee to be remitted for an extension of 15 days or less, *or*  
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** If you are unable to use the enclosed envelope, please address your remittance as follows:

Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850 ATTENTION: Fiscal Services
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7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Markets and Enforcement at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

**TECHNOLOGIES MANAGEMENT, INC.**

REGIONS BAI

63-466/631

76005

**REGULATORY ESCROW ACCOUNT**

P.O. BOX 200  
WINTER PARK, FL 32790-0200  
(407) 740-8575

01/23/2009

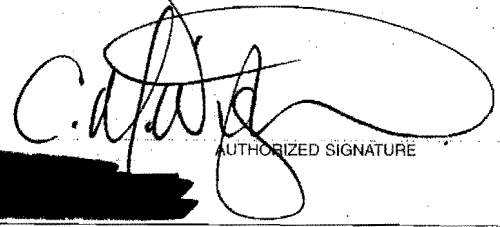
PAY TO THE ORDER OF Florida Public Service Commission

\*\*700.00 \$

Seven Hundred Dollars and 00/100\*\*\*\*\*

Re: Client: Phone1, Inc.  
Matter: Regulatory Fees  
Client ID: Phone1

DOLLARS  
Security features included. Details on back



AUTHORIZED SIGNATURE

MP

**TECHNOLOGIES MANAGEMENT, INC. • REGULATORY ESCROW ACCOUNT**

76005

Check #	Client ID	Client Name
76005	Phone1	Phone1, Inc.
Check Date	Matter File #	Matter
01/23/2009		Regulatory Fees
Check Amount	Sub Acct #	Payee
\$ 700.00		Florida Public Service Commission
Memo1: 12/2008-TJ591-FL IXC Assessment Fee		

**TECHNOLOGIES MANAGEMENT, INC. • REGULATORY ESCROW ACCOUNT**

76005

Check #	Client ID	Client Name
76005	Phone1	Phone1, Inc.
Check Date	Matter File #	Matter
01/23/2009		Regulatory Fees
Check Amount	Sub Acct #	Payee
\$ 700.00		Florida Public Service Commission
Memo1: 12/2008-TJ591-FL IXC Assessment Fee		
Memo2:		