

**Raquel Tully**

RECEIVED-FPSC

**From:** Paula Isler  
**Sent:** Thursday, April 23, 2009 9:52 AM  
**To:** Raquel Tully  
**Subject:** RE: TD444 - City Telephone Company

09 APR 23 PM 2: 27

COMMISSION  
CLERK

Good morning, Raquel:

Yes, I have Docket No. 090104-TC pending to cancel City Telephone Company's payphone certificate and have been waiting on payment. Please provide proof of payment to the Clerk's Office so that it can be documented in CMS. Thanks.

**From:** Raquel Tully  
**Sent:** Thursday, April 23, 2009 9:49 AM  
**To:** Paula Isler  
**Subject:**

TD444, sent a check in for \$212.00 with the 08 and 09 Raf form, I am assuming they are canceling but did not state that on the raf form., do you have nay documentation for this company/

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

DOCUMENT NUMBER-DATE

03799 APR 23 8

FPSC-COMMISSION CLERK

090104-TC

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2009

# Pay Telephone Service Provider Regulatory Assessment Fee Return

TO 441 212.00

## Florida Public Service Commission

STATUS:

Actual Return

Estimated Return

Amended Return

(See Filing Instructions on Back of Form)

TD444-08-0-R

City Telephone Company

P. O. Box 667045

Pompano Beach, FL 33066-7045

DEPOSIT DATE

931 APR 25 2009

PERIOD COVERED:

01/01/2008 TO 12/31/2008

FOR PSC USE ONLY

Check # 5656

\$ 100.00 06-03-001 003001

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

\$ 10.00 P 06-03-001 004011

\$ 2.00 I

Postmark Date 4-21-09

Initials of Preparer RT

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)	COM \$ <u>0</u>
2.	Gross Intrastate Revenue	ECR _____
3.	LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back)	GCL _____
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	OPC _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	RCP _____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	SSC _____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	SGA _____
8.	Extension Payment Fee (see "4. Extension" on back)	ADM _____
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	CLK _____
10.	Number of pay telephones in operation at close of period covered by this Return	COMMISSION \$ <u>100.00</u> (2)

RECEIVED - FPSC

09 APR 23 PM 2:27

COMMISSION CLERK

(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.

Phil Whitaker (Signature of Company Official) President (Title) 4/20/09 (Date)

Phil Whitaker (Preparer of Form - Please Print Name) Telephone Number 954-461-5965 Fax Number 866-265-4060

F.E.I. No. 65-0104662

TOTAL \$ 212.00

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 02/01/2010

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2009 TO 12/31/2009

(See Filing Instructions on Back of Form)

TD444-09-0-R  
 City Telephone Company  
 P. O. Box 667045  
 Pompano Beach, FL 33066-7045  
 DEPOSIT  
 931 APR 25 2009

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY  
 Check # 5656  
 \$ ~~5656~~ 100.00 06-03-001 003001  
 \$ \_\_\_\_\_ E  
 \$ \_\_\_\_\_ P 06-03-001 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date 4-21-09  
 Initials of Preparer RT

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0.00</u>
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 \$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>0</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.

Phil W. To KA (Signature of Company Official)      President (Title)      4/20/09 (Date)

Phil W. To KA (Preparer of Form - Please Print Name)      Telephone Number 954-461-5955 Fax Number 954-265-4060

F.E.I. No. 65-0104662