

Pay Telephone Service Provider Regulatory Assessment Fee Return

100000-0T

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2010 TO 12/31/2010

Nonnye
Nancy

TG939-09-0-R
SOUTHERN PUBLIC COMMUNICATIONS, LLC
13719 CR 27
P.O. Box 550 Fairhope, AL
Demopolis, AL 36732-0550 36532

Dep Date
D982 1-21-10

RECEIVED
10 JAN 21
COMMISSION
CLERKS

FOR PSC USE ONLY
Check # 5185
\$ 499.00 06-03-001 003001
\$ _____ E
\$ _____ P 06-03-001 004011
\$ _____ I
Postmark Date 1/19/2010
Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

Southern Public Com LLC 13719 CR 27 Fairhope AL 36532
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	COM _____
3.	LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back)	APA _____ ECR _____ GCL (_____) RAD _____
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	SSC \$ _____ ADM _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	OPC _____ CLK N Grant
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.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ 100.00 (2)
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(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) OWNER (Title) 1-16-10 (Date)

Charles Kelsor (Preparer of Form - Please Print Name) Telephone Number (205) 310 0195 Fax Number (206) 333 1504

F.E.I. No.

DOCUMENT NUMBER-DATE

00516 JAN 21 2

FPSC-COMMISSION CLIENT