

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

RECEIVED-FPSC
 MAR 25 AM 9:34
 COMMISSION CLERK

STATUS:
 Actual Return
 Estimated Return
 Amended Return

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

Records & Wang
02/26/10

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TH017-09-0-R
 Smart Tel **100145-TC**
 505 Heron Drive
 Delray Beach, FL 33444-1843
DEPOSIT DATE
026 MAR 25 2010

FOR PSC USE ONLY
 Check # **1136**
 \$ **100.00** 06-03-001 003001
 \$ _____ E
 \$ **10.00** P 06-03-001 004011
 \$ **2.00** I
 Postmark Date **3-20-2010**
 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) DEPOSIT DATE	\$ <u>0</u>
2.	Gross Intrastate Revenue 026 MAR 25 2010	<u>0</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>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>0</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>10</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2</u>
8.	Extension Payment Fee (see "4. Extension" on back)	<u>0</u>
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ <u>112</u> ⁽²⁾
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.

Erik Lerman (Signature of Company Official) _____ (Title) 3/19/10 (Date)

Erik Lerman (Preparer of Form - Please Print Name) Telephone Number (561) 929-3533 Fax Number _____

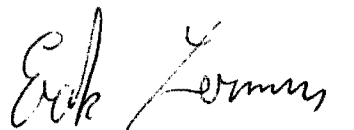
F.E.I. No. _____

DOCUMENT NUMBER - DATE
 02104 MAR 25 9
 FPSC-COMMISSION CLERK

I am no longer in business. In fact
the business never took off. How do I
stop the regulatory Assessment fee?

I don't want to pay anymore.

Please help.


Erik Lerman
Smart Tel.

DOCUMENT NUMBER-DATE

02104 MAR25

FPSC-COMMISSION CLERK