

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

RECEIVED-FPSC

Date:	5/17/2011	Docket No.:	110174-T1
1. From Staff / Division:		Division Of Regulatory Analysis/Toni Earnhart	
2. OPR:	Toni Earnhart, RAD		
3. OCR:	GCO		
4. Suggested Docket Title:	Compliance investigation of IXC Registration No. TK310, issued to New Youth Phone Inc., for apparent first-time violation of Section 364.336, F.S., and Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.		
5. Program/Module/Submodule Assignment:	A18a, A10		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.			<input type="checkbox"/> Provided as an Attachment
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
TK310			
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached	<input type="checkbox"/> To be provided with Recommendation	
Comments:			

11 MAY 17 PM 3:29
28 COMMISSION CLERK

COM
APA
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GCL
RAD
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ADM
OPC
CLK NTG.

DOCUMENT NUMBER - DATE
03424 MAY 17 =
FPSC-COMMISSION CLERK

Regulatory Assessment Fee History Form

History | History 2 | Statistics | Comments | Forms | Mailing | Company | Accounts | Dockets | Consumer

Company Identification

Complete Name: New Youth Phone Inc.

Mailing Name: New Youth Phone Inc.

Company Code: TK310 Regulated: 09/03/2010 Inactive:

History Summary Information

RAF Period Covered: 01/01/2010-12/31/2010 IXC Service: IXC

Description	RAF Period	Postmark	Amount
Delinquent letter generated	01/01-12/31/2010	02/22/2011	
RAF form generated	01/01-12/31/2010	12/08/2010	

Isolate: All Entries

Modification Log

02/22/2011
 Last modification was made on Tuesday, February 22, 2011 at 3:08 PM by David Brown

DOCUMENT NUMBER-DATE
 03424 MAY 17 =
 FPSC-COMMISSION CLERK

COMPANY IDENTIFICATION

Printed on 05/09/2011 at 14:40:11 by TJE

Complete Name: New Youth Phone Inc.

Mailing Name: New Youth Phone Inc.

Company Code: TK310 FEID Number: 27-3009458

RAF ACCOUNT FOR THE PERIOD 01/01/2010 THROUGH 12/31/2010

Reg. Date: 09/03/2010 Inactive Date:
 Service: IXC - Interexchange Telephone
 Received: No RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 0 Payments Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate:

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Wednesday, December 8, 2010 at 1:01 PM by David Brown

State of Florida
 Public Service Commission
 2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



7006 0100 0003 1056 8995



February 22, 2011

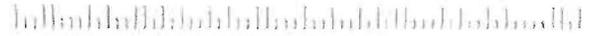
TK310-10-0-D
 New Youth Phone Inc.
 1519 Glover Street
 Bronx, NY 10462-4929

NIXIE 100 DE 1 00 02/22/11

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

BC: 32399085099 *0809-00420-22-41

104624929-0850



OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>TK310-10-0-D New Youth Phone Inc. 1519 Glover Street Bronx, NY 10462-4929</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 0100 0003 1056 8995</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

ON for yk rs: Of xa C cor ee of PB 381 lec rec il fe nize stric he C floc dec thi de s at