

REQUEST TO ESTABLISH DOCKET

RECEIVED-FPSC

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

11 AUG 12 AM 8:31

Date: 8/11/2011 Docket No.: 110248-TC

1. From Staff / Division: Division Of Regulatory Analysis/Toni Earnhart

25 COMMISSION CLERK

2. OPR: Toni Earnhart, RAD

3. OCR: GCO

4. Suggested Docket Title: Compliance investigation of PATS Certificate No. 8783, issued to Payphone Manager, Inc., for apparent first-time violation of 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. Provided as an Attachment

Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):
TH084		

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: Supporting Documentation Attached To be provided with Recommendation.

Comments:

COM
 APA
 ECI
 GCL
 RAD
 SSC
 ADM
 OPC
 CLK N.G.

DOCUMENT NUMBER - DATE
 05711 AUG 12 #

FPSC-COMMISSION CLERK

Regulatory Assessment Fee History Form

History History 2 Statistics Comments Forms Mailing Company Accounts Dockets Consumer

Company Identification

Complete Name: Payphone Manager, Inc.

Mailing Name: Payphone Manager, Inc.

Company Code: TH084 Regulated: 04/19/2010 Inactive:

History Summary Information

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

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

Isolate
 Print/Preview
 Edit
 Document Image
 Cancel

6 of 6

Modification Log
 02/22/2011
 Last modification was made on Tuesday, February 22, 2011 at 3:07 PM by David Brown

COMPANY IDENTIFICATION

Printed on 08/09/2011 at 15:49:03 by TJE

Complete Name: Payphone Manager, Inc.

Mailing Name: Payphone Manager, Inc.

Company Code: TH084 FEID Number: 27-1365327

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

Reg. Date: 04/19/2010 Inactive Date:
 Service: PAT - Pay 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 1:02 PM by David Brown

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

TH084-10-0-D
 Payphone Manager, Inc.
 8815 Conroy Windermere Road, Suite 175
 Orlando, FL 32835-3129

2. Article Number
(Transfer from service label)

7006 0100 0003 1056 8384

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-14-15/0

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/24/11

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

TH084-10-0-D
 Payphone Manager, Inc.
 8815 Conroy Windermere Road, Suite 175
 Orlando, FL 32835-3129

2. Article Number

*(Transfer from service label)***COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes

7006 0100 0003 1056 8384

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail Pro

- A mailing receipt
- A unique identifier to
- A record of delivery
- Important Reminders:**
- Certified Mail may O
- Certified Mail is not
- NO INSURANCE C
- valuables, please co
- For an additional fee
- delivery. To obtain Re
- Receipt (PS Form 38
- fee. Endorse mailpiec
- a duplicate return re
- required.
- For an additional
- addressee's authoriz
- endorsement "Restr
- if a postmark on the
- cle at the post offic
- receipt is not neede

IMPORTANT: Save th
Internet access to d
addressed to APOs a