

RECEIVED - FPSC

Florida Public Service Commission

STATUS: \_\_\_\_\_ (See Filing Instructions on Back of Form)

- \_\_\_\_\_ Actual Return
- \_\_\_\_\_ Estimated Return
- \_\_\_\_\_ Amended Return

13 JAN 29 AM 8:59

TE527-12-0-R  
 Cross Bay Network  
 4701 West Hillsborough Avenue  
 Tampa, FL 33614-5419

DATE DEPOSIT  
 JAN 29 2013 2 91

**FOR PSC USE ONLY**

Check # 1285

\$ 100.00 06-03-001  
 003001

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

\$ \_\_\_\_\_ P 06-03-001  
 004011

\$ \_\_\_\_\_ I

Postmark Date 1-24-13  
 Initials of Preparer RT

PERIOD COVERED:  
 01/01/2012 TO 12/31/2012

Records  
 +  
 Tom

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)	\$ <u>2,000.00</u>
2.	Gross Intrastate Revenue	<u>1,800.00</u>
3.	Less: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( <u>1,680.00</u> )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	\$ <u>120.00</u>
5.	<b>REGULATORY ASSESSMENT FEE DUE - (Multiply Line 4 by 0.0016. If more than \$100, enter amount. If less, enter \$100.) <sup>(2)</sup></b>	<u>100.00</u>
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 (Add lines 5 through 8)</b>	\$ <u>100.00</u>
10.	<u>NG</u> Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

COM  
 AFD  
 APA  
 ECO  
 ENG  
 GCL  
 DM  
 FEL  
 CLK

(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.

(Please cancel my Account)  
 (GP)

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.

Gaby Fraifer \_\_\_\_\_ OWNER \_\_\_\_\_ 1/15/13  
 (Signature of Company Official) (Title) (Date)

GABY FRAIFER Telephone Number (813) 901-5182 Fax Number (813) 881-9743  
 (Preparer of Form - Please Print Name)

F.E.I. No. \_\_\_\_\_ DOCUMENT NUMBER - DA \_\_\_\_\_

Please cancel & close my account effective now, as confirm (immediately), and let me know if you need anymore info. Thanks.  
 (GP)

00545 JAN 29 2013  
 FPSC COMMISSION CLERK