

ORIGINAL

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

P. Isler
JCCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG740-01-0-R
TeleVend, Inc.
377 Wilbur Avenue, Suite 178
Swansea, MA 02777-2426

FOR PSC USE ONLY	
Check#	<u>2837</u>
\$	<u>50.00</u>
	0603002
	003001
\$	
	P
	0603002
	004011
\$	
	I
Postmark Date	<u>6/24/02</u>
Initials of Preparer	<u>MC</u>

Actual Return _____
Estimated Return _____
Amended Return _____

PERIOD COVERED:
01/01/2001 TO 12/31/2001
DEPOSIT DATE

cc: *P. Isler*

Please Complete Below If Official Mailing Address Has Changed

D227

JUN 28 2002

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	_____
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.	TOTAL AMOUNT DUE	\$ _____

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

- AUS
- CAF
- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMS
- SEC
- OTH

Number of pay telephones in operation at close of period covered
by this Return

* These amounts must be intrastate only and must be verifiable.

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]

(Signature of Company Official)
Cliff Wilson

(Preparer of Form - Please Print Name)

Pres.

(Title)
Telephone Number *808 675-5474* Fax Number *808 676-6538*

F.E.I. No. *043-268-429* DOCUMENT NUMBER DATE

06692 JUN 28 02

FPSC-COMMISSION CLERK