| | IO: ANCY | 2008 | ston: Alloite moli | נייבט-טט ∠:נַבַ טָשּ p. i or c |
|-------|---|--|---|---------------------------------------|
| | TO AVOID PE | NALTY AND INTEREST CHARGE Pay Telep | s, the regulatory assessment fee return must be filed on or depore 0130/2009 hone Service Provider Regulatory Assessmen | nt Fee Return |
| pro | STATUS: Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2008 TO 12/31/2008 | | Florida Public Service Commission Case Fling Instructions on Back of Form) TG129-08-0-R European Street Restaurant & Gourmet 2753 Park Street Jacksonville, FL 32205-7607 DEPCIFIT JACK 828 MAR 1 1 2008 Please Complete Below If Official Mailing Address Has Changed | FOR PSC USE ONLY Check # |
| | | (Name of Company) | (Address) | (City/State) |
| | LINE NO. | | ACCOUNT CLASSIFICATION | AMOUNT 2: 5 |
| | 1. | Gross Operating | Revenue (Florida) | \$ 32,00 0 |
| MP | 2. | Gross Intrastate I | Revenue | |
| OM | 3. | LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back) | | () |
| TR | 4. TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) | | | \$ 32.00 |
| | | Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020) | | 0.07 |
| | 6. | Penalty for Late | Payment (see "3. Failure to File by Due Date" on back) | |
| CA | 1. | Interest for Late | Payment (see "3. Failure to File by Due Date" on back) | |
| GA | ~ | Extension Payme | ent Fee (see "4. Extension" on back) | <u></u> |
| EC | | TOTAL AMOU | NT DUE (MINIMUM \$100.00) | \$ 100,00(2) |
| DTH D |)6 , 10. | Number of pay te this Return | elephones in operation at close of period covered by | |

These amounts must be intrastate only and must be varifiable (see "2. Fees" on back).
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.

| Section 364.336, Florida Statutos. | · · · | |
|---|---|--|
| I, the undersigned owner/officer of the above-named com information is a fue and correct statement. I am aware that pus the intent to missead a gublic survant in the performance of his of | pany, have read the foregoing and declare that to the best of suant to Section \$37.06, Florida Statutes, whoever knowingly m ficial duty shall be guilty of a misdemeanor of the second degree | akes a false statement in writing with |
| ling June | Owner | 3 5 8 |
| (Signature of Company Official) | (Title) | (Date) |
| (Preparer of Form - Please Print Name) | م ٥٩ Telephone Number () <u>عمر ۱۹۹۶</u> Fax | ۹۰۹ 384 ٦٦٩٦ Number (_) |
| | F.E.I. No. 26-8012071 | 497-8 |

FPSC-COMMISSION CLERK 0 | 7 8 | MAR 10 8

PSC/CMP 026 (Rev. 04/07)

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