

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2008 TO 12/31/2008

Records & Paula

(See Filing Instructions on Back of Form)

TH001-08-0-R
 Clear Net Communications
 12905 Lake Ventana Drive
 Tampa, FL 33625-4117
 DEPOSIT
 852 JUN 30 2008

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 1933

\$ 100.00 06-03-001
003001

\$ _____ E

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 6/20/08

Initials of Preparer Rt

CLEAR NET COMMUNICATIONS 12905 LAKE VENTANA DR TAMPA, FL 33625
 (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 ⁽¹⁾ (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 0.0020)	_____
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.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ <u>100.00</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

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 08 JUN 30 AM 11:47
 COMMISSION
 CLERK

(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.

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.

Rifat Hasan (Signature of Company Official) OWNER (Title) 6-19-08 (Date)

RIFAT HASAN (Preparer of Form - Please Print Name) Telephone Number 813 817-9673 Fax Number 813 972-9299

F.E.I. No. _____