Pay Telephone Service Provider Regulator Assessment Fee Return

CT A TI IC	· .	Florida Public Service Commission (See Filing Instructions on Back of Commission Pl	FOI M 3: Seck#2	R PSC USE ONLY	
STATUS: Actual Return		(See Filing Instructions on Back of Wilhi) 125 TE650-08-0-R			
Estimated Return Amended Return		Coin-Tel, Inc. COMMISS	ION (003001 E	
Ame	ended Return	8510 N.W. 56th Street CLERK Miami, FL 33166-3329		P 06-03-001	
PERIOD COVERED:		The Control of the Co		004011	
01/01/2008 TO 06/02/2008		Docket No. 080296-TC 8 7 5 · 00T 2 1 2003		······································	
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(Cl	CCCC	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)		s 751,040.75	
2.	Gross Intrastate R	Revenue	COM	641,719.00	
3.	LESS: Amounts (see "2. Fees" on	Paid to Other Telecommunications Companies (1) back)	GCL	- (<u> </u>	
4.	TOTAL REVEN (Line 2 less Line .	NUES for Regulatory Assessment Fee Calculation 3)	RCP	- 482,234.44	
5.	Regulatory Asses	ssment Fee Due - (Multiply Line 4 by 0.0020)	SSC SGA ADM	964.47	
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 AMOU	NT DUE (MINIMUM \$100.00)	5	s <u>964.47</u> (2)	
10.	Number of pay te this Return	elephones in operation at close of period covered by	y	1190	33 × ×
		be <u>intrastate only</u> and must be verifiable (see "2. Fees" on back). ss operating revenue of a company, a minimum annual regulatory assessmentida Statutes.	nt fee of \$100 shall be i	mposed as provided in	8 1 OCT 20 8
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					
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(Signature of Company Official) (Signature of Company Official) (Title) (Date)					0.99(
HYLTON LANDAUER Telephone Number 305, 716-4910 Fax Number 305 592-4410					000
(Preparer of Form - Please Print Name) F.E.I. No. 59-312-5858					
1.L.1.110. V 1 200					