100059-70

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 02/01/2010 Pay Telephone Service Provider Regulatory Assessment Fee Return

Estin Ame	al Return nated Return ended Return COVERED: 09 TO 12/31/2009	Florida Public Service Commission (See FUing Instructions on Back of Form) TG707-09-0-R Larry G. Hopkins 1611 East Kirby Street Tampa, FL 33604-3419 D 9 9 5 FE3 $_{\Omega}$ 2 2010	\$ E \$ P 06-03 00- \$ I	3001 -001 4011
Ple	NONCY ase cancel	Please Complete Below If Official Mailing Address Has Changed This Dusiness	Postmark Date 1-28-2014 Initials of Preparer	5
	(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)		\$ <u>L</u>	11. 11. 11.1
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)		B - 0	CH CL
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)			ACSION
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)			COMMI
8.	Extension Payment Fee (see "4. Extension" on back)		0 0	PSC-
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)		\$ 10000	(2)
10.	Number of pay tel this Return	- 0 -		

(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.

(Signature of Company Official)

Preparer of Form - Please Print Name)

Wher (Title)

<u> /-27.10</u> (Date)

Telephone Number (813) 932-3689 Fax Number ()

F.E.I. No.