

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

010571-TC

Actual Return *R&R*

Estimated Return

Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG561

Innovative Communications of Tampa Bay, Inc.

P. O. Box 40576

St. Petersburg, FL 33743-0576

DEPOSIT

DATE

D078

JUN 11 2001

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# 046/82

\$ 50.00

0603002

003001

\$

P

0603002

004011

\$

Date Received

Postmark Date 6/8/01

Initials of Preparer *mc*

PERIOD COVERED:

01/01/2001 TO 12/31/2001

(Name of Company)

(Address)

(City/State)

(Zip)

LINE

NO.

ACCOUNT CLASSIFICATION

AMOUNT

1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	50.00
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	\$ 50.00

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

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

0

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 of Company Official)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number (727) 384 4047 Fax Number (727) 384 6021

F.E.I. No.

DOCUMENT NUMBER-DATE

07186 JUN-8

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG561
Innovative Communications of Tampa Bay, Inc.
P. O. Box 40576
St. Petersburg, FL 33743-0576

DEPOSIT

DATE

D 0 7 8

JUN 11 2001

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# 046121

\$ 50.00 0603002

\$ 12.50 003001

\$ 2.50 P 0603002

\$ 2.50 I 004011

Date Received No

Postmark Date 6/8/01 Postmark

Initials of Preparer MC

PERIOD COVERED:

01/01/2000 TO 12/31/2000

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	50.-
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.50
8.	TOTAL AMOUNT DUE	\$ 65.00

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

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

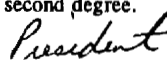
0

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(Signature of Company Official)



(Title)

6-4-01

(Date)

DANIEL S. GJELSUM

(Preparer of Form - Please Print Name)

Telephone Number (727) 384 4647 Fax Number (727) 384 6021

F.E.I. No.