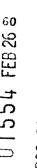
TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2009 Pay Telephone Service Provider Regulatory Assessment Fee Return

		Florida Public Service Commis		OR PSC USE ONLY
STATUS:		(See Filing Instructions on Back of Form)	Check #_	13444
Actual Return		TH018-08-0-R	s_1O	<u>6 . 0</u> 0 06-03-001
	mated Return ended Return	Scala Hotel Group, LLC		003001
Anic	siided Ketarii	10826 U.S. Highway 19N		L
PERIOD COVERED:		Port Richey, FL 34668-2561	\$	P 06-03-001 004011
01/01/2008 TO 12/31/2008		DEPOSIT 1	s	I
" Dago	\sim	914 FEB 2 6 2009	Postmark 1 Initials of 1	Date <u>2-24-09</u> Preparer <u>81</u>
Please Complete Below If Official Mailing Address Has Changed Postmark Date 2-2 4 1 Initials of Preparer Initials of Preparer				
	(Name of Company)	(Address)	(City/State)	(Zip)
LINE				요 교
NO.		ACCOUNT CLASSIFICATION		AMOUNT
1.	Gross Operating Revenue (Florida)			
2.	Gross Intrastate Revenue			ISS POT
3.	LESS: Amounts (see "2. Fees" on	Paid to Other Telecommunications Compack)	npanies (1)	(_ 5 0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation COM (Line 2 less Line 3)			
5.	Regulatory Asses	sment Fee Due - (Multiply Line 4 by 0.0	O(20) GCL _ OPC _	- 0
6.	Penalty for Late P	ayment (see "3. Failure to File by Due l	Date" on back) RCP	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back) SGA			
8.		nt Fee (see "4. Extension" on back)	ADMCLK	mar
9.	TOTAL AMOU	NT DUE (MINIMUM \$100.00)	CLRW	\$ /00,00 68,
10.		lephones in operation at close of period	covered by	HEB 26
(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 the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.				
	(Ci	GM GM	(Title)	2/23/09
	(Signature of Company	Official)	(11tle)	(Date)
DARIENE KODIAN Telephone Number (757) 869-999 Fax Number (757) 861-0941 (Preparer of Form - Please Print Name)				
(Preparer of Form - Please Print Name) F.E.I. No. 59-3695 457				





February 23, 2009

Paula Isler Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

Dear Ms. Isler:

In regards to our telephone conversation, I am sending a letter of cancellation on the payphone certificate.

We owned the payphone and in the last few years it has very little use. In this day of cellular phones, it makes no sense to have a payphone.

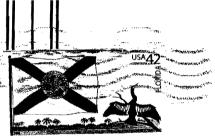
The owner of the hotel is sending a check for 2008 only. He was unaware of cancellation policy as well.

If you have any questions please feel free to contact this office at any time.

Assistant Gen. Mgr.

Days Inn & Sultes 10826 US Hwy19 N Port Richey FL 34668 1-727-869-9999

SAINT PETERSBURKS FI 24 FEB 31XD9 FM 1 1



Paula Isler

ATTN FISCAL

FLORIDA PUBLIC SERVICE COMMISSION 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0876

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