

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

DATE 2/5/98

Docket No. 151-104-152

- 1. Division name/staff COMMUNICATIONS/Hawkins
- 2.
- 3.

4. Requested subject title Request for cancellation of
Pay Telephone Certificate No. 3152 by
VOYAGER NETWORKS, INC. effective
Interexchange Telecommunications 2/2/98. (TI407)

- 5. Requested Docket Calling List (attach separate sheet if necessary)
 - A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-23.106, P.A.C.
 - B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 6. Check one: Documentation is attached.
- _____ Documentation will be provided with the recommendation.

Interexchange Company Regulatory Assessment Fee Return

FINAL RETURN

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

MAILED 12-2 PM 12:52

TI407 P173 997 029
 Voyager Networks, Inc.
 88 Pine Street, Seventh Floor
 New York, NY 10005-1801

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

FOR PSC USE ONLY
 Check# 4294
 \$ 50.00 0603001
 \$ _____ 003001
 \$ _____ P
 \$ _____ 0603001
 \$ _____ 070011
 \$ _____ I
 Postmark Date 1-29-98
 Initials of Preparer ML

Please Complete Below If Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>4,225,000</u>	\$ <u>16,300.00</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	<u>1,897,417</u>	_____
6.	TOTAL Telephone Services	\$ _____	\$ <u>16,300.00</u>
7.	LESS: Amount Paid For Services To Local Telephone Companies* (Attach Listing)	_____	_____
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	<u>16,300.00</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0014)	_____	<u>2.28</u>
10.	Penalty for Late Payment	_____	_____
11.	Interest for Late Payment	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ <u>2.46</u>

*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Carrier Reseller
 Alternant-Operator Service Reseller
 Call Aggregator
 Other Interchange Telecommunications Provider

BILLING INFORMATION

Complete below if billing agent if other than yourself

(Name) (Address) (City/State/Zip)
 (Telephone)
 What is the total amount of customer deposits collected? Amount: \$ _____ for 19__
 What is the total amount of bond held (if applicable)? Amount \$ _____ Expires _____

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official) (Title) (Date)
Walter Scott
 (Please Print Name) Telephone Number _____
 F.F. No. 173 997 029

Interexchange Company Regulatory Assessment Fee Return

FINAL RETURN

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

*RECEIVED
JAN 29 2 12 PM '98
TALLAHASSEE*

TI407 P173 997 029
Voyager Networks, Inc.
88 Pine Street, Seventh Floor
New York, NY 10005-1801

PERIOD COVERED:
01/01/1997 TO 12/31/1997

FOR PSC USE ONLY

Check# 4254

\$ 50.40 0603001
013001
P
0603001
004011
\$ _____

Postmark Date 1-29-98
Initials of Preparer ML

Please Complete Below If Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>4,225,658</u>	\$ <u>1635.59</u>
2.	Access Services		
3.	Private Line Services	<u>163,380</u>	
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services	<u>1,291,717</u>	
6.	TOTAL Telephone Services	\$ _____	\$ <u>1635.59</u>
7.	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		<u>1635.59</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		<u>2.46</u>
10.	Penalty for Late Payment		
11.	Interest for Late Payment		
12.	TOTAL AMOUNT DUE		\$ <u>2.46</u>

*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company

AS PROVIDED IN SECTION 344.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- () Facilities-Based Carrier () Reseller () Call Aggregator
() Alternate-Operator Service () Reseller () Other Interconnect Service Provider

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) _____ (Address) _____ (City/State/Zip) _____
(Telephone) _____

What is the total amount of customer deposits collected? Amount \$ _____ for 19____

What is the total amount of bond held (if applicable)? Amount \$ _____ Expires _____

COMPANY INFORMATION

Do you lease telecommunications facilities? () YES () NO
If YES, who do you lease these facilities from? Name: _____
Address: _____

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 337.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public agency in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Wayne Pratt (Signature of Company Official) _____ (Title) _____
Wayne Pratt (Please Print Name) _____
Telephone Number _____ (Date) _____

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Interexchange Company)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND
On or before January 30 for the six month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked

On or before January 30 for the twelve month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount in Line 7.
3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 10). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 11). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to file a Regulatory Assessment Fee Return, the Commission may order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A utility, for good cause shown in a written request, may be granted an extension up to 30 days. A request should be made by filing the enclosed Request for Extension to File Regulatory Assessment Fee Return form (PSC/ADM-124), two weeks prior to the filing date. If an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days

In lieu of paying the charges outlined above, a utility may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the utility shall be granted a 30 day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **SEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original and in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission

2540 Shumard Oak Boulevard

Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return, please contact the Division of Auditing and Financial Analysis at (904) 413-6480

For assistance on telecommunications facilities, please contact the Division of Communications at (904) 413-6556.

Both divisions may be contacted at the above-referenced address, directing correspondence to the attention of the division.