## REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

Date January 21, 2000 Docket No. Docket No.
1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Request for Cancellation of Pay Telephone Certificate No. 5600 by
Lamp Post Lounge, Inc., Effective 12/31/99
E. Commented Danket Mailing Link (assess assessed assessed if accessed)
5. Suggested Docket Mailing List (attach separate sheet if necessary)
A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
B. Provide COMPLETE name and address for all others. ( <u>Match representatives to clients.</u> )
1. Parties and their representatives (if any)
Burton R. Kennedy
2. Interested Persons and their representatives (if any)
<del></del>
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<u></u>
6. Check one:  XX Documentation is attached.
Documentation will be provided with recommendation.
I - \ DSC\ PAD\ UD\ ESTINT
I:\PSC\RAR\WP\ESTDKT.
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE 00930 JAN 218

	' Pay Telep	hone Sectice Provider	Regulatory Asses ele	nt Fee Return	
٠		ADMIN	ISTUN OF VISTRATION C Service Commission	FOR PSC USE ONLY	
STATUS:  Actual Return Estimated Return Amended Return  PERIOD COVERED: 01/01/1999 TO 12/31/1999			Irstaction bon Back of Form)	Check# <u>5228</u>	
		TG273_ FLORIDA		\$ 50.00 0603002 003001	
		Lamp Post Lounge, Inc. 7822 North Atlantic Av.	VICE COMMISSION	\$P 0603002	
		Cape Canaveral FIT 32920-3716DATE  D230 JAN 19 2000		\$I Postmark Date///7/00	
					Initials of Preparer
	(Name of Company)		(Address)	(City/State) (Zip)	
INIE.			RECEIV	/En v savinger	
INE NO.	A(	COUNT CLASSIFICATION	)N	AMOUNT	
1.	Gross Operating Revenue (Florida)  JAN 1 9 2000  \$_208.8				
2.	Gross Intrastate Revenue CM			208.80	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)				
<b>4</b> .	TOTAL REVENUES for Regulatory Assessment Fee Calculation \$\(\frac{208.60}{0.000}\)				
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)				
5.	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)				
3.	TOTAL AMOUN	IT DUE	15e	\$0.31	
			18:18	\$50.∞ check	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	enclosed #5228	
	AS PROVIDED	IN SECTION 364.336 FLORIDA	STATUTES, THE MINIMUM		
ТН	IIS FORM MUST BE O	COMPLETED AND RETURNED	REGARDLESS OF THE AMOU	, v	
	_			ed	
9.	Number of pay to by this Return	elephones in operation at c	lose of period covered	Y	
	by ans Retain				
 		Summand mandante magaming		1	
амр і	POST LOUNGE INC		5228	best of my knowledge and belief the abo	
Ph 407 783-1024 7822 N. Atlantic Ave		1	63-751/631	wingly makes a false statement in writing	
	naveral, Fl 32920	DATE 1-17	7 — 80 BRANCH 00612	/-/7-00	
DER OF	Florida Public	Service Commission	\$ 50.50	(Date)	
ille	and xx/oe		DOLLARS To Security features included.	/0.24 Fax Number ( )	
Oct	First Union National Bar	nk	Dotals on back.		
	N R/T 063107513	N .	0 (		
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