TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004 Pay Telephone Service Provider Regulatory Assessment Fee Return Check#<u>1695</u> STATUS: Actual Return TG825-03-0-R **Estimated Return** Strikers Family Sports Center II, Inc. Amended Return 030460-76 8500 N.W. 44th Street 004011 Sunrise, FL 33351-600 **EPOSIT** PERIOD COVERED: 01/01/2003 TO 12/31/2003 MAY 2 3 2003 Initials of Preparer Please Complete Below If Official Mailing Address Has Changed (Name of Company) (Address) (City/State) は にいい およりの (Zip) LINE NO. ACCOUNT CLASSIFICATION 1. Gross Operating Revenue (Florida) 2. Gross Intrastate Revenue 3. LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) **TOTAL REVENUES for Regulatory Assessment Fee Calculation** 4. (Line 2 less Line 3) CAF. 5. Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015) COM 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 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 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

Telephone Number 757

F.E.I. No.

04639 MAY 23 8

(Signature of Company Official)

(Preparer of Form - Please Print Name)