TO AVOID P		e regulatory assessment fee return must be filed on or befor hone Service Provider Regulatory A		ee Return					
STATU	S:	Florida Public Server Porting Instructions on Back of Form		FOR PSC USE ONLY Check# 3684					
Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2005 TO 12/31/2005		TG985-05-0-R Dep 569 Joh 7, 20 Durty Harry's Raw Bar & Saloon 1368 S.E. 17th Street Ft. Lauderdale, FL 33316-1708 (Request for cancellation-Isler)	(50.00) 06-03-001 003001 (5.00) 06-03-001 004011 (5.00) 06-03-001 004011 (5.00) 004011 (5.00) 004011 (5.00) 06-03-001 004011 (5.00) 06-03-001 003001						
Rec	londs	Please Complete Below If Official Mailing Address Ha	s Changed						
	(Name of Company)	(Address)	· •	(City/State) (Zip)					
LINE <u>NO.</u> 1. 2. 3. 4. 5. 6. 7. 8.	Gross Operating Rev Gross Intrastate Reve LESS: Amounts Paid (see "2. Fees" on back TOTAL REVENUE (Line 2 less Line 3) Regulatory Assessme Penalty for Late Paym Interest for Late Paym TOTAL AMOUNT AS PROVIDED	enue d to Other Telecommunications Companies ³ k) CS for Regulatory Assessment Fee Calcula ent Fee Due – (Multiply Line 4 by 0.0015) nent (see "3. Failure to File by Due Date" or nent (see "3. Failure to File by Due Date" or	GCL GCL MMS PCA PCA DBACKP DBACKP OTH OTH	5000 <u>5000</u> <u>5000</u> <u>5000</u>					
9.	Number of pay teleph by this Return	nones in operation at close of period covered	···· ····	None					
• These amounts must be intrastate only and must be verifiable.									
correct state performance	Signature of Company C	Telephone Number	statement in writing wit	and belief the above information is a true and the intent to mislead a public servant in the Gas October (Date) Cate) OCUMENT NUMBER - DATE O 6 3 5 3 JUL -7 18					

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