TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2006 Pay Telephone Service Provider Regulatory Assessment Fee Return Cert, 2104 FOR PSC USE ONLY Florida Public Service Commission STATUS: Check # 5 (See Filing Instructions on Back of Form) TE342-05-0-R Actual Return 06-03-001 060264 Syncom Communications 003001 Estimated Return 488 Short Pine Circle Amended Return Orlando, FL 32807-6266 06-03-001 004011 PERIOD COVERED: **JEPOSIT** DATE 01/01/2005 TO 12/31/2005 = 638 MAR 21 2006 Postmark Date 3-13-66 Initials of Preparer Please Complete Below If Official Mailing Address Has Changed (Name of Company) (Address) (City/State) LINE NO. ACCOUNT CLASSIFICATION 1. Gross Operating Revenue (Florida) Gross Intrastate Revenue CMP LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back) TOTAL REVENUES for Regulatory Assessment Fee Calculation **CTR** (Line 2 less Line 3) **ECR** Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020) 3CL **OPC** Penalty for Late Payment (see "3. Failure to File by Due Date" on back) **RCA** Interest for Late Payment (see "3. Failure to File by Due Date" on back) SCR Extension Payment Fee (see "4. Extension" on back) 3GA TOTAL AMOUNT DUE (MINIMUM \$50.00) 3EC 10. Number of pay telephones in operation at close of period covered by **DTH** this Return (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 \$50 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 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. eran (Preparer of Form - Please Print Name) F.E.I. No.

PSC/CMP 026 (Rev. 01/05)

DOCUMENT NUMBER-DATE

02502 MAR 21 g



## SYNCOM COMMUNICATIONS

3/11/04

Dear Sirs:

Plase accept my last payment 06 \$ 50.00 + note that I made (\$0.00) Zero dollars in revenue last year as I was rully out of business. I do industand but I should have informed you of my Status tooner and apologize. I will moke my thete \$55.00 to hopefully cover any instruct are over the Call me if vetts. os extra dos not corer all endetiey. Respectfully,

> 488 Short Pine Circle • Orlando, FL 32807 Office: 407-380-1500 • Fax: 407-381-1134

Juy most