FPSC-COMPUSSION CLEFY

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE THED ON OR BEFORE 01/30-2009

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:	Florida Public Service Commission (See Flüng Instructions on Back of Form)	FOR PSC USE ONLY Check # 1289
Actual Return	TG575-08-0-R 0801SS-TC	\$ 100.00 06-03-001
Estimated Return Amended Return	2380 Nowbold Avenue 3318 Delaupe	⊘
PERIOD COVERED: 01/01/2008 TO 12/31/2008	Bronx, NY 10462-532 0 De 104 72 5 0SIT DATE	\$P 06-03-001 (004013) \$1
nounde	PATS Cert. 7182) MAR 1 4 2008 Please Complete Below If Official Mailing Address Has Changed	Postmark Date 3.11-08 Initials of Preparer RT

	(Name of Company)	(Address)	(City/State)	1047	s o
LINE NO.	ACC	OUNT CLASSIFICATION		AMOUNT	
1.	Gross Operating Revenue	(Florida)		\$_ <u></u>	
2.	Gross Intrastate Revenue				
3.	LESS: Amounts Paid to C (see "2. Fees" on back)	Other Telecommunications Com	panies (1)	()	
4.	TOTAL REVENUES for (Line 2 less Line 3)	Regulatory Assessment Fee C	Calculation	s	
5.	Regulatory Assessment Fe	e Due - (Multiply Line 4 by 0.0	020)	0	
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.	Extension Payment Fee (see "4. Extension" on back)				taa F
9.	TOTAL AMOUNT DUE (MINIMUM S100.00)				<u> </u>
10.	Number of pay telephones this Return	in operation at close of period	covered by	_0	u ai ai ai
	 These amounts must be intrastate of Regardless of the gross operating re Section 364.336, Florida Statutes. 	nly and must be verifiable (see "2. Fees" on bac evenue of a company, a minimum annual regula	ck). ntory assessment fee of \$100 shall bo	e imposed as provided in	CUMENT
formation	is a true and correct statement. I am awa	amed company, have read the foregoing and are that pursuant to Section 837.06. Florida Stree of his official duty shall be guilty of a misde	alutes, whoever knowingly makes a meanor of the second degree. Title)	false statement in writing with the statement of the stat	h -
<i>D</i> 0	NNA LORRES	Telephone Number 7/2	8 862-0 5 ON CONTROL	oer (71,8 231-	750

To: Donna T	orres	From: Valorie Moore	3-06-08 12:24pm p. 1 of 2				
			7049 05 200.CD				
TO AVOID F		es, the regulatory assessment the return must be filed on or before 01/30/2009 Shone Service Provider Regulatory Assessmen	nt Fee Return				
STATU	S:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check # 12 87				
-	ual Return	TG575-08-0-R	\$ 100.00 06-03-003				
	mated Return ended Return	Urban Telecommunications, Inc. 2380 Newbold Avenue 3318 Delavo	003001 E				
		Bronx, NY 10462-5320	S P 06-03-001				
	D COVERED: 008 TO 12/31/2008	DEPOSIT DATE OF 7.5	\$				
0 / 00 /	11 0	829 MAR 1 4 2008	Postmark Date 3-11-08				
/V OIN	rye	Please Complete Below If Official Mailing Address Has Changed	Initials of Preparer				
lien.	ON TELLOOM	MUNICATIONS 3318 Delavall Au	Bo - All Invers				
<u> </u>	(Name of Company)	MUNICATIONS 3318 Delovall Aw	City/State)				
LINE							
NO.		ACCOUNT CLASSIFICATION	AMOUNT				
1.	Gross Operating Revenue (Florida)						
2.	2. Gross Intrastate Revenue						
	LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2, Fees" on back)						
4.	TOTAL REVEN (Line 2 less Line :	NUES for Regulatory Assessment Fee Calculation 3)	s <u> </u>				
5.	Regulatory Assess	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)					
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.	Extension Payment Fee (see "4. Extension" on back)						
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00) \$ / 00 (2) 80						
10.	Number of pay telephones in operation at close of period covered by this Return						
		e <u>intrastate only</u> and must be verifiable (see "2, Fees" on back). s operating revenue of a company, a minimum annual regulatory assessment fee of da Statutes.	\$100 shall be imposed as provided in				
l, the u	ndersigned owner/officer of	the above-named company, have read the foregoing and declare that to the be	est of my knowledge and belief the above gly makes a false statement in writing with egree.				
information	is a true and correct statemer	nt. I am aware that pursuant to Section 837.06. Florida Statutes, whoever knowing to performance of his official duty shall be guilty of a misdemeanor of the second d	gly makes a false statement in writing with logree.				
No	nna To	nee Pres	3/7/08				
7	(Signature of Company		(Date)				
1 (Pt	reparer of Form - Please	Print Name)	(Dx Number 7/8 231 - 450 7				
		F.E.I. No. <u>13 369 318</u>	3 4				



3318 Delavall Avenue Bronx, NY 10475

TEL: (718) 862-0500 FAX: (718) 862-0512

March 7, 2008

Mr. David Brown State of Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

Dear Mr. Brown,

Please find attached the Pay Telephone Provider Regulatory Assessment Fee Return for 2007 and 2008 along with a check for the minimum amount due. We disconnected all payphones on July 1st, 2006 but neglected to ask to have the Payphone Certificate cancelled. Please arrange to have this certificate terminated.

Please call if there are any questions or if your staff needs more information. Thank you.

Sincerely

Donna Torres