TO AVOID PEN	ALTY AND INTEREST CHARGES, Pay Teleph	THE REGULAT	ory assessment rvice Pro	FEE RETURN MUST vider Reg	BE FILED ON O BULATORY	R BEFORE 02/01/20	nent F	000 Tee R	200 – ( eturn	<i><b>)</b></i>
Estim Amer	al Return lated Return ided Return COVERED: 9 TO 12/31/2009 COVERED: 9 TO 12/31/2009 COVERED: 1 COVERED: 1 COVERED:	TG489- TRL En P. O. Bo Labelle,	Florida Pub (See FULL 09-0-R terprises 5x 247 FL 33975	Lic Service In Service on Ba DEPAPSIT D 9 7 6 JA If Official Mail	Commiss ck of Form) DATE N 1 2 201 Ing Address I	BECEIV 10 JAN 12 COMP CL 9 Has Changed		PSEX Heck # H:/21) H H Struark D H H L I L L	$\frac{2085}{0.00}$	06-03-001 003001 06-03-001 004011 -20 10 -RT
LINE	(Name of Company)			(Address)			(C)	ity/State)		(Zip)
<u>NO.</u>		ACCO	DUNT CLA	SSIFICATIO	<u></u>				AMOU	<u>INT</u>
1.	Gross Operating Revenue (Florida) \$ 105,603						603			
2.	Gross Intrastate Revenue APA9.463							5		
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> ECR (see "2. Fees" on back) GCL (26673)									
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)  RAD SSC \$-17,210 ADM									
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)       OPC									
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)									
10.	Number of pay telephones in operation at close of period covered by									
I the u	<ol> <li>These amounts must i</li> <li>Regardless of the gro Section 364.336, Flor</li> <li>Indersigned owner/officer of</li> </ol>	ss operating r ida Statutes.	evenue of a com	pany, a minimur	n annual regul	atory assessmer				
information	is a true and correct statem mislead a public servant in	ent. I am aw	vare that pursuan	t to Section 837.	06, Florida St	atutes, whoever	r knowingl	y makes a		
R	mull In	Man			OW	ner			11-	1/2010
	(Signature of Company Official) (Title) (Date)								Date)	
		1 1 1								

(Andell	HUDDARD_					
(Preparer of Form - Please Print Name)						

Telephone Number (863) 675 - 338 Fax Number (803) 675 - 3304

F.E.I. No. 65-111/375

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