

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

RECEIVED

FOR PSC USE ONLY

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

TG413-10-0-R
 Commtrack Enterprise
 7741 Royal Crest Drive
 Jacksonville, FL 32256-2345

DEPOSIT DATE
 7 090 JAN 06 2011

11 JAN -6

Check # 4918

\$ AM 9.43.00 06-03-001
 003001

\$ _____ E
 COMMISSION P 06-03-001
 CLERK 004011

\$ _____ I

Postmark Date 1-28-10
 Initials of Preparer RT

PERIOD COVERED:
 01/01/2010 TO 12/31/2010

Records
 Toni

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	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)	\$ <u>100.00</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

COM _____
 APA _____
 ECR _____
 GCL _____
 RAD _____
 SSC _____
 ADM _____
 OPC _____
 CLK Grant

(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 \$100 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.

m. b.
 (Signature of Company Official)

Owner
 (Title)

12-27-2010
 (Date)

(Preparer of Form - Please Print Name)

Telephone Number () Fax Number ()

F.E.I. No. 481-06-1585

FPSC-COMMISSION CLERK

December 27, 2010

ATTEN: FISCAL

Florida Public Service Commission

2540 Shumard Oak Boulevard

Tallahassee, FL 32399-0876

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

I am writing this letter to request that I would like to cancel my Pay Phone Service Provider's certificate. I have enclosed a check for \$100.00 to pay my 2010 regulatory assessment fee. However, I shall not be required to pay this fee next year as I am requesting to cancel my payphone service provider's certificate.

The information on my certificate is as under:

TG413-10-0-R

Company Name: Commtrack Enterprise

Owner Name: Fayyaz A. Malik

Sincerely,

A handwritten signature in black ink, appearing to be 'm. Malik', written over a horizontal line.

Fayyaz A. Malik

Commtrack Enterprise.

DOCUMENT NUMBER-DATE

00112 JAN-6 =

FPSC-COMMISSION CLERK