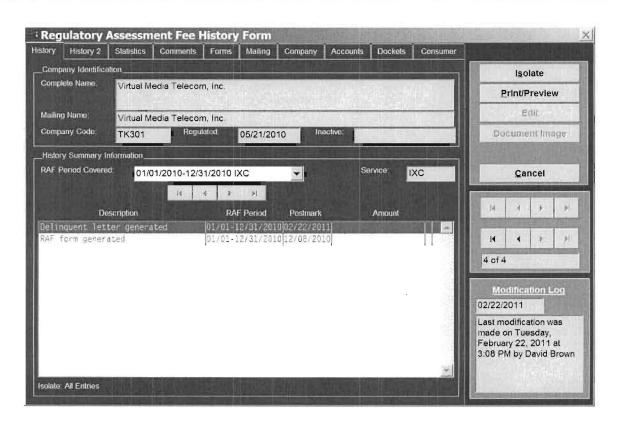
		(I			LISH DOCKET RECEIVED - FPS(
Date:	5/17/20		, , ,	Docket No.:	10171-T/ 11 MAY 17 PM 3: 2
1. From Staff / Division:		Division Of Regulatory Analysis/Toni Earnhart 2. 2.0MMISSION			
2. OPR:	Toni E	arnhart, RA	ND		CLERK
3. OCR:	GCO	<u> </u>	-		
4. Sugges	ted Doc	ket Title:	Telecom, Inc., for	apparent first-ti	Registration No. TK301, issued to Virtual me violation of Section 364.336, F.S., and Rument Fees; Telecommunications Companies.
5. Progra	m/Modu	le/Submod	dule Assignment:		A18a, A10
6. Sugges	sted Doo	ket Mail L	ist.		
a. Pro	ovide NA	MESIACR	ONYMS, if register	red company.	☐ Provided as an Attachment
Company if applical TK301		Parties (include	address, if differer	nt from MCD):	Representatives (name and address):
b. Pro	Code,	Intereste	d persons, if any,		ers. (match representatives to companies)
парриса		(include	address, if differer	it from web).	Representatives (name and address):
7. Check o		⊠ Supp	oorting Documenta	ation Attached	☐ To be provided with Recommendation
		di c			
1					

PSC\CLK 010-C (Rev. 04/08)

DOCUMENT NUMBER-DATE

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DOCUMENT NUMBER-DATE

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COMPANY IDENTIFICATION

Printed on 05/09/2011 at 14:37:51 by TJE

Complete Name: Virtual Media Telecom, Inc.

Mailing Name: Virtual Media Telecom, Inc.

Company Code: TK301 FEID Number: 11-3833412

RAF ACCOUNT FOR THE PERIOD 01/01/2010 THROUGH 12/31/2010

Reg. Date: 05/21/2010 Inactive Date:

Service: IXC - Interexchange Telephone Received: No RAF Form

Status:

Pending

Amended: No Extension: No Frozen: No Comments: No

Payment Count: 0 Payments Made to Date

Operating Rev: \$0.00 Interstate Rev: \$0.00

RAF Rate:

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Wednesday, December 8, 2010 at 1:01 PM by David Brown

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits.	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery 2 24-1/		
1. Article Addressed to: TK301-10-0-D Virtual Media Telecom, Inc. 5979 N.W. 151st Street, Suite 234 Miami Lakes, FL 33014-2427	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
	3. Service Type Certified Mail		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number 7006 0100	0D03 105k 9053		
PS Form-3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540		

7 K301-10-0-X

FLORIDA PUBLIC SERVICE COMMISSION

Telecommunications (Type of Industry)

REGUI	LATORY ASSESSMENT	T FEE EXTE	NSION REQUES	Т
Virtual Med	ig Telecon		TK301	113833416
THE RESIDENCE (U	tility/Company)		(Utility/Co Code)	(FEID No.)
Mailing Address: 5	979 NW 1518	Suite	234	
This is to request an ext utility/company for the per	ension for filing the Regul riod indicated below:	atory Assessn	nent Fee Return fo	r the above-named
	PERIOD January 1	– December :	31, 2010	
	☐ 15 days-to	o February 15	5, 2011	
建 基款 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	☑ 30 days to	o March 2, 20)11	
Reason for Request:	I am a new	Commo	w and T	hove not
done nothing	with this com			
	Open CTOL	The state of the s	an 30 - 2010	
	(Signature)		(Date)	
	CEO.		786 768-6	702
6 4	(Title)		(Telephone Numbe	
			305-328-	9281
			(FAX Number)	A.C.
	NOTE TO	UTILITY		
at the address reference of January 31, 2011. On not provided) indicating t	on Fee Request form must be of below BY CLOSE OF BUSIN not your request is received, y that your request was approve ST RECEIVE APPROVAL F	IESS ON Janua ou will be notified d or denied. The	ry 18, 2011, before to d by fax (or by mail w IIS IS NOT AN AUTO	he payment due date hen a faxed number is DMATIC EXTENSION,
If an extension of 15 day	s or less is approved, 0.75%	of the fee is to b	e included when mak	ng payment.
If an extension of 16 to 3	0 days is approved, 1.5% of t	he fee is to be in	cluded when making	payment.
F	OR PUBLIC SERVICE O	COMMISSION	N USE ONLY	
Request Approved				asche ut a see
Request Denied				
☐ The 20 Re	gulatory Assessment Fee has	s not been recei	ived.	
	gulatory Assessment Fee wa our 20 Regulatory Assess		rior penalty and/or in	terest has not been
The request w	as received too late for proce	ssing.		
APPROVED BY:	Kan RoCh		the second secon	47-7-11
	(Fiscal Services Sec	cuon Supervisor	为 的是《美国》下处是《上上	(Date)

if you have questions, please contact a staff member of the Fiscal Services Section: DAVID BROWN, PHONE# 850-413-6267 - FAX# 850-413-6268; or write to Division of Administrative Services, Fiscal Services Section, 2540 Shumard Oak Boulevard, Tallahassee, Florida, 32399.

To: whom it willy concern

I am witting because I sent in the Rypers on time. But I got a call on Jan 20 on 27 telling my that I knd to pay a min of \$700. Pollares I told them then I am new and have not done anything yet so she told me I had to the 31 of Jan. But I was told today that I don't have the spon traily for the Extension. Which I don't find that Fear 130 cause I was called last week. All I ask II you can be Kind enough to give me the txtension.

John John John Willia Telecom

TRANSMISSION VERIFICATION REPORT

02/07/2011 13:08 FPSC

TIME

FAX : 8504136386 TEL : 8504136386 SER.# : 000C8N429425

DATE, TIME FAX NO. /NAME DURATION PAGE (5) RESULT MODE

02/07 13:08 13053289281 00:00:00 00 BUSY STANDARD

BUSY: BUSY/NO RESPONSE

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0850

Re: 2010 RAF Extension Denied

February 7, 2011, 12:44 PM

To: John - CEO

Fax: 350 328 9281

From: David Brown

Voice: 850 413 6267 850 413 6268

No. of Pages (Including Cover):

Notes: Please See RAF Extension Request

TRANSMISSION VERIFICATION REPORT

TIME : 02/07/2011 12:53 NAME : FPSC FAX : 8504136386 TEL : 8504136386 SER.# : 000C8N429425

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

02/07 12:53 13053289281 00:00:00 99 BUSY STANDARD

BUSY: BUSY/NO RESPONSE

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0850

Re: 2010 RAF Extension Denied

February 7, 2011, 12:44 PM

To: John - CEO

Fax: 350 328 9281

From: David Brown

Voice: \$50 413 6267 Fax: 850 413 6268

No. of Pages (Including Cover):

Notes: Please See RAF Extension Request

Interexchange Company Regulatory Assessment Fee Return

		Florida	Public Service Co	ommission		DR PSC USE ONLY
STATU	Si		ice Filing Instructions on Auck of	Form)	Check # 🔬	10 Check Recal
Acı	ual Return	TK301-10-0-R		and the second	S	06-03-001
	imated Return	Virtual Media (I		, v . * *	and the second	003001
Am	ended Return	6175 N.W. 153	rd Street, Suite 10	03	\$	man to a support and the suppo
		Miami Lakes, F	L 33014-2435	**	s <u>/ </u>	P 06-03-001
	D COVERED:					604011
05/21/20	010 TO 12/31/2010	1		4	18 7	man de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania de la compania del la compa
					Postmark Da Initials of Pr	chatet
		Please Complete B	Below If Official Mailing	Address Has Change		AMANDA ANGRE IN THE STATE OF TH
Woh		January of		A constant	M	
Virt	(Name of Company)		(Address)	2224	(City/State)	121 33C19 (Zip)
			(- 7, 2, 1, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,			***************************************
LINE NO.	ACCC	OUNT CLASSIFICATION	1		RIDA GROSS LING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	##*	Specification and the second s	\$	<u> </u>	
2.	Access Services			Proprietable control and control		
3. 4.	Private Line Services Leased Facilities & Circ	rite Cominee		**************************************	-	
5.	Miscellaneous Services	ans ocivides		.ent-model/spic/spic/spic/spic/spic/spic/spic/spic		
6.	TOTAL Telephone Ser	vices		\$	/**> s	()
7.	•	Telecommunications Com	nanies ⁽¹⁾		0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ž.		or Regulatory Assessment	•	***************************************		
		•			.\$	
9. 10.		Fee Due (Multiply Line 8 but (see "3. Failure to File by				
11.		it (see "3. Failure to File by				
12.	Extension Payment Fee	(see "4. Extension" on back	k)			
13.	TOTAL AMOUNT DU	/E (\$700.00 MINIMUM)			\$	<u>o</u>
***********************	(1) Those was creek exists	t be intrastate only and mus	er ha marifichta (can 17). Car	ser on backs		
	(2) Regardless of the gr	oss operating revenue of a			ment fee of \$700 shall b	e imposed as provided in
	Section 364.336, Flo	orida Statutes.				
***************************************		Marin 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	CURRENT COMPANY	V STATUS		
	hities-Based Carrier mate-Operator Service	() Res	seller biller	() Call Aggree () Other:	iator recaild	
3	mate-operation services			Care Care		
			BILLING INFORM	ATION		
Complete	below if billing agent is oth	er than yourself.			()	
****	(Name)	Action and the second	(Address: C	ity/State/Zip)	(Teleph	
	ne total amount of customer to S for				is the total amount of bo	and held (if applicable)? Expires:
***************************************			are 18 Martin (Martin and Martin (Martin and Martin and	r hitk	Othiss 9	
***			COMPANY INFORM	MATION		
	ase telecommunications' fac ho do you lease these facilit		D → CNO			
Address:	•	V	NOT THE RESIDENCE OF THE PROPERTY OF THE PROPE			
						owledge and belief the above
	on is a true and correct state to mislead a public servant i					false statement in writing with
	Och Os	tollar	OFN			1-14-2001
h199panageagaaa300500000000	(Signature of Compa	ny Official)		/ (Fitle)	<u>YSS</u>	(Date)
	Talmo	TANK	Telephone Numbe	r (3/6) 97	42571 cm x1	ser (305) 326928
(Preparer of Form - Plea	ise Print Name)	relephone mumbe	" (S(A))	122// rax Numi	501 <u>5~113 £ 5° 1 £ 6</u> {
`	4		F.E.I. No.	1383341		
PSC/RA	D 153 (Rev. 04/07)		C DOCUME-1\dbrown\	LOCALS - i Tempiformerge	46881776\xxmergeformax doc	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER	Y	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent☐ Addressee	
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	,	Date of Delivery	
1. Article Addressed to: TK301-10-0-D Virtual Media Telecom, Inc. 5979 N.W. 151st Street, Suite 234 Miami Lakes, FL 33014-2427	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
	3. Service Type Certified Mail Registered Insured Mail C.O.D.		
2. Article Number 7006 010	4. Restricted Delivery? (Extra Fee) 3. 0003 1.056 9053	☐ Yes	

Certified Mail Pro
A mailing receipt
A unique identifier to
A record of delivery
Important Reminders
Certified Mail may C
Certified Mail may C
Certified Mail may C
Oertified Mail may C
Oertified Mail is not
NO INSURANCE (
Valuables, please cc
for an additional fee delivery. To obtain Resceipt (PS Form 38 Receipt (PS Form 38 Peceipt (PS Form 38