

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 2/5/98

Docket No. 980192-70

1. Division Name/Staff Name COMMUNICATIONS/Hawki
2. OPR _____
3. OCR _____

4. Suggested Docket Title Request for cancellation of
Pay Telephone Certificate No. 1871
by HOME SHOPPING NETWORK, INC.
effective 1/27/98.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

(TD730)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.

The Home
Shopping
NETWORK

January 27, 1998

Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0876
Attn: Brenda Hawkins

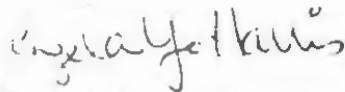
Dear Ms. Hawkins:

Please cancel our Pay Telephone Service Provider Certificate. As of November 1995, we no longer own the pay phones on our property.

Enclosed please find a payment for \$100.00 for the minimum fee of \$50.00 for the years 1997 and 1998. This, according to our telephone conversation on January 26, 1998, should clear up our remaining obligation and we will not receive a return for 1998.

Thanks for your assistance in clearing up this matter. If you have any questions, please contact me at (813) 572-8585 ext. 7408.

Sincerely,



Angela Y. Harris
Accounting Manager

RECEIVED

FEB 03 1998

CMU

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TD730	P173 997 474
Home Shopping Network, Inc.	
P. O. Box 9090	
Clearwater, FL 34618-9090	
DEPOSIT	DATE
DY 01 1998	FEB 02 1998

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

FOR PSC USE ONLY	
Check#	512382
\$	100.00 0603002
	003001
\$	P
	0603002
	004011
\$	I
Postmark Date	1/29/98
Initials of Preparer	

Please Complete Below If Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	100.00
6.	Penalty for Late Payment	
7.	Interest for Late Payment	
8.	TOTAL AMOUNT DUE	\$ 100.00

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

Brenda Hawkins

9. Number of pay telephones in operation at close of period covered by this Return 0

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be 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.

Lynn Keahl
 (Signature of Company Official)
Lynn Keahl
 (Please Print Name)

ASSISTANT TREASURER
 (Title) 1/27/98
 (Date)
 Telephone Number () _____
 F.E.I. No. _____