

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

010571-TC

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

ROR

TG561
 Innovative Communications of Tampa Bay, Inc.
 P. O. Box 40576
 St. Petersburg, FL 33743-0576

DEPOSIT

DATE

D078

JUN 11 2001

FOR PSC USE ONLY	
Check#	046/82
\$	50.00
	0603002
	003001
\$	P
	0603002
	004011
\$	I
Date Received	6/8/01
Postmark Date	6/8/01
Initials of Preparer	mc

PERIOD COVERED:
 01/01/2001 TO 12/31/2001

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* (see "2. Fees" on back)	(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)	50.00
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.	TOTAL AMOUNT DUE	\$ 50.00

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

- APP
- CAF
- OMP
- COM
- CTR
- ECR
- SEC
- PC
- SL
- RGO
- SEC
- SER
- OTH

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

0

These amounts must be intrastate only and must be verifiable.

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.

Daniel S. Gjelvum
 (Signature of Company Official)

PRESIDENT
 (Title)

6-4-01
 (Date)

DANIEL S. GJELVUM
 (Preparer of Form - Please Print Name)

Telephone Number (727) 384-4647 Fax Number (727) 384-6021

F.E.I. No.

DOCUMENT NUMBER-DATE

07186 JUN-8

Pay Telephone Service Provider Regulatory Assessment Fee Return

010571-TC

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

R+R

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2000 TO 12/31/2000

TG561 Innovative Communications of Tampa Bay, Inc. P. O. Box 40576 St. Petersburg, FL 33743-0576 DEPOSIT DATE D078 JUN 11 2001

FOR PSC USE ONLY	
Check# 046121	
\$ 50.00	0603002
\$ 12.50	003001
	P
	0603002
\$ 2.50	004011
Date Received 6/8/01	No. Postmark
Postmark Date 6/8/01	
Initials of Preparer mc	

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* (see "2. Fees" on back)	(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)	50.-
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.50
8.	TOTAL AMOUNT DUE	\$ 65.00

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

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

* These amounts must be intrastate only and must be verifiable.

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.

Daniel S. Gjelum
(Signature of Company Official)

President 6-4-01
(Title) (Date)

DANIEL S. GJELUM
(Preparer of Form - Please Print Name)

Telephone Number (727) 384 4047 Fax Number (727) 384 6021

F.E.I. No. _____