

REQUEST TO ESTABLISH DOCKET
(Please Type)

RECEIVED-FPSC

09 MAR 31 PM 2:33

Date: 3/31/2009 Docket No.: 090158-TC

1. Division Name/Staff Name: Division Of Regulatory Compliance/Isler

COMMISSION
CLERK

2. OPR:

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Request for cancellation of PATS Certificate No. 2429 by Astro Skate Pinellas Park, LLC, effective March 24, 2009.

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

- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
- B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

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 recommendation.

COM | | | | | | | | | | | | | | | | | | | | | |
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DOCUMENT NUMBER-DATE

02837 MAR 31 08

Paula Isler

From: NET SatisFAXtion [postmaster]
Sent: Tuesday, March 24, 2009 10:04 AM
To: Paula Isler
Subject: 7279385316, 1 page(s)

Attachments: FAX.TIF

You have received a new fax. This fax was received by **NET SatisFAXtion**. The fax is attached to the message. Open the attachment to view your fax.

Received Fax Details

Received On: 3/24/2009 10:02 AM
Number of Pages: 1
From (CSID): 7279385316
From (ANI):
Sent to DID: 6503

Duration of Fax: 0:00:43
Transfer Speed: 14400

Received Status: Success
Number of Errors: 0
Port Received On: RockForceOCTO+ Port 8 #2



FAX.TIF (12 KB)



March 20, 2009

Ms. Paula Isler
State of Florida
Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: Astro Skate Pinellas Park, LLC (TE171)

Dear Ms. Isler,

This letter will serve as formal notice that we wish to cancel our certificate for the above referenced account. We have not had any pay phones in the facility for well over 4 months. Please cancel the certificate upon receipt of this letter.

If you have any questions, please do not hesitate to contact Mary in my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Maganias", with a long horizontal flourish extending to the right.

Chris Maganias

CM/mp

875 CYPRESS STREET TARPON SPRINGS 34689

Phone:(727) 938-5778 Fax: (727) 938-5316

TE171

SENDING CONFIRMATION

DATE : MAR-11-2009 WED 13:13
NAME : PSC
TEL : 8504137077

PHONE : 617279385316
PAGES : 4
START TIME : MAR-11 13:12
ELAPSED TIME : 01' 35"
MODE : ECM
RESULTS : OK

Wednesday, March 11, 2009

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

**2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850**

TO:

May

Phone: 727-938-5778

Fax: 727-938-5316

FROM:

Paula Isler

Phone: (850) 413-6502

Fax: (850) 413-6503

E-mail: PIsler@psc.state.fl.us

RE:

TE171 - Astro Skate Pinellas Park, LLC

The 2008 and 2009 Regulatory Assessment Fee (RAF) return forms are attached. Please complete them and return to the Commission, along with full payment and a short letter requesting cancellation of the payphone certificate. The letter needs to include a reason why (such as Astro Skate no longer has a payphone). I also suggest that you write on the 2009 RAF return (upper left hand side of the form) "Final Return."

As we discussed, the reason a company has to pay the current year's RAF is because the fee is applicable until a certificate is cancelled. And, a certificate remains active until a company requests cancellation or the Commission cancels a company's certificate for cause (rule or statute violation).

The 2008 amount is \$112 (\$100 RAF, \$10 penalty, \$2 interest) and the 2009 amount is \$100 for a total due of \$212. By taking care of this now, Astro Skate avoids the automatic fine for violation of the RAF rule. Let me know if you have any questions. Thanks.

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
 Estimated Return
 Amended Return

(See Filing Instructions on Back of Form)

TE171-08-0-R
 Astro Skate Pinellas Park, LLC
 875 East Cypress Street
 Tarpon Springs, FL 34689-5904

FOR PSC USE ONLY

Check # _____

\$ _____ 06-03-001
 _____ 003001

\$ _____ E

\$ _____ P 06-03-001
 _____ 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

PERIOD COVERED:
 01/01/2008 TO 12/31/2008

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)	\$ _____
2.	Gross Intrastate Revenue	_____
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)	\$ _____ ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(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.

_____ (Signature of Company Official) _____ (Title) _____ (Date)

_____ Telephone Number () _____ Fax Number () _____

(Preparer of Form - Please Print Name)

F.E.I. No. _____

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
 Estimated Return
 Amended Return

(See Filing Instructions on Back of Form)

TE171-09-0-R
 Astro Skate Pinellas Park, LLC
 875 East Cypress Street
 Tarpon Springs, FL 34689-5904

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # _____

\$ _____ 06-03-001
 _____ 003001

\$ _____ E

\$ _____ P 06-03-001
 _____ 004011

\$ _____ I

Postmark Date _____

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_____ (Signature of Company Official) _____ (Title) _____ (Date)

_____ (Preparer of Form - Please Print Name) Telephone Number () _____ Fax Number () _____

F.E.I. No. _____

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Pay Telephone Service Provider)

1. **WHEN TO FILE:** For companies which owed a total of **\$10,000 or more** of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return is required twice a year and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of **less than \$10,000** of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0020 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount on Line 3.

On Line 3, deduct any amounts paid to another telecommunications company for the use of any telecommunications network (including installation charges) to provide service to its customers. ***Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals.*** **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Regulatory Assessment Fee Extension Request* form (PSC/ADM 124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due (Line 8):

0.75% of the fee to be remitted for an extension of 15 days or less, *or*
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Regulatory Compliance at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

TE171
Mailed

Wednesday, February 25, 2009

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

**2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850**

TO:

Chris Maganias, President

Phone: 727-938-5778

Fax:

FROM:

Paula Isler

Phone: (850) 413-6502

Fax: (850) 413-6503

E-mail: PIsler@psc.state.fl.us

RE:

Astro Skate Pinellas Park, LLC (TE171)

Dear Mr. Maganias:

On February 20, 2009, the Commission mailed, via certified mail, delinquent notices to all companies that either did not pay the 2008 Regulatory Assessment Fee (RAF) or did not pay it in full. Our records show your company has not paid the 2008 RAF. I wanted to give you a heads up because those certificate holders not complying with the delinquent notices will subsequently be fined \$500 for a first offense, \$1,000 for a second offense, and \$2000 for a third offense.

If the company owes the minimum and if payment is postmarked between now and March 1st, the total due is \$106, which is comprised of the \$100 minimum, \$5 penalty, and \$1 interest. If payment is postmarked between March 2nd and March 31st, the total due is \$112, which is comprised of the \$100 minimum, \$10 penalty, and \$2 interest. A copy of the 2008 RAF return form is attached. Please complete it and return it with full payment, including the late charges. Just as information, late payment charges (penalty and interest) continue to accrue until the RAF is paid.

If the company is interested in cancelling its certificate, we need a letter from you requesting cancellation as soon as possible. There are two types of cancellation, one is voluntary, which is granted if a company leaves in good standing and does not owe any fees. The other is involuntary, which is when a certificate is cancelled on the Commission's own motion for violation of a rule, order, or statute. The Regulatory Assessment Fee is owed if a certificate is active during any portion of a calendar year. This means that the 2008 and 2009 RAFs are applicable. Either way, the company needs to write us a letter requesting cancellation. The letter should also include its intent on payment of the 2008 and 2009 fees even if it is unable to pay the fees, it should state that in the letter.

If that is the route you choose, as soon as we receive a letter requesting cancellation of the certificate, a docket will be opened to handle the cancellation request.

Please let me know if you have any questions (my contact information is on the first page).

Paula Isler

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
01/01/2008 TO 12/31/2008

(See Filing Instructions on Back of Form)

TE171-08-0-R
 Astro Skate Pinellas Park, LLC
 875 East Cypress Street
 Tarpon Springs, FL 34689-5904

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # _____

\$ _____ 06-03-001
 _____ 003001

\$ _____ E

\$ _____ P 06-03-001
 _____ 004011

\$ _____ I

Postmark Date _____
 Initials of Preparer _____

(Name of Company)
(Address)
(City/State)
(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
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(Signature of Company Official)
(Title)
(Date)

Telephone Number () _____ Fax Number () _____

(Preparer of Form - Please Print Name)

F.E.I. No. _____

SENDER: COMPLETE THIS SECTION

- 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 mailpiece, or on the front if space permits.

1. Article Addressed to:

TE171-08-0-D
Astro Skate Pinellas Park, LLC
875 East Cypress Street
Tarpon Springs, FL 34689-5904

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Mari Peinz

B. Received by (Printed Name) Agent
 Addressee
Mari Peinz

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

FEB 24 2009
34689
USPS

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7006 2760 0003 8795 0174**

MCD Company Information for TE171

Printed on 03/30/2009 at 16:13:09 by PJI

Company Code: TE171
Complete Name: Astro Skate Pinellas Park, LLC
Mailing Name: Astro Skate Pinellas Park, LLC
Certificate No(s): 2429
Status: Active
Regulation Date: 02/13/1990
Bankruptcy: No
Company Liaison #1: Chris Maganias
Title: President
Mailing Address: 875 East Cypress Street

Physical Location: Tarpon Springs, FL 34689-5904
875 East Cypress Street

Phone: Tarpon Springs, FL 34689-5904
(727) 938-5778
Fax:

Related Dockets:

891333-TC Application of ASTRO SKATING CENTER for certificate to provide pay telephone service.

910411-TC Initiation of show cause proceedings against ASTRO SKATING CENTER for violation of Commission Rule 25-24.520, 1990 Annual Report, and Rule 25-4.043, Response Requirement.

080307-TC Request for approval of name change on PATS Certificate No. 2429 from Astro Skating Center to Astro Skate Pinellas Park, LLC.