

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
ICA*

Florida Public Service Commission
(See Filing Instructions on Back of Form)

| | |
|---|--------------------|
| DEPOSIT | DATE |
| TG835-01-0-R JC Communications D226 3956 Town Center Blvd., #273 Orlando, FL 32837-6103 | JUN 25 2002 |
| cc: P. Isler | |

| FOR PSC USE ONLY | |
|--------------------------------|------------------------|
| Check# <u>273</u> | |
| \$ <u>50.00</u> | 0603002 003001 |
| \$ <u>12.50</u> | P 0603002 004011 |
| \$ <u>2.50</u> | I |
| Postmark Date <u>6/21/02</u> | |
| Initials of Preparer <u>MC</u> | |

PERIOD COVERED:
09/14/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

GSC DBA JC Communications 3956 Town Center Blvd #273 ORLANDO 32837
(Name of Company) (Address) (City/State) (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | AMOUNT |
|-------------------------|---|------------------|
| 1. | Gross Operating Revenue (Florida) | \$ <u>600.00</u> |
| 2. | Gross Intrastate Revenue | |
| 3. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | () |
| 4. | TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) | \$ <u>50.00</u> |
| 5. | Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015) | |
| 6. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | <u>12.50</u> |
| 7. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | <u>2.50</u> |
| TOTAL AMOUNT DUE | | \$ <u>65.00</u> |

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

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

Number of pay telephones in operation at close of period covered
by this Return 4

* 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.

Joanne Costello (Signature of Company Official) Pres (Title) 6/21/02 (Date)

Joanne Costello (Preparer of Form - Please Print Name) Telephone Number (407) 383-5058 Fax Number ()

F.E.I. No. 59-3652015

DOCUMENT NUMBER - DATE

06517 JUN 25 02