

# COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

☐ INTEREXCHANGE CARRIER

☐ COMPETITIVE ACCESS

☐ ALTERNATIVE OPERATOR SERVICE PROVIDER

☒ COMPETITIVE LOCAL

☐ VOICE OVER INTERNET PROTOCOL (VOIP)

EXCHANGE CARRIERS

☐ OTHER (Describe):

## ANNUAL REPORT

OF

Professional Telecommunications Services, Inc.

(Exact legal name of respondent)

If name was changed during year, show also the  
previous name and date of change.

Website URL

2119 Beechmont. Cincinnati, Hamilton Ohio 45230

Address	City	County	State	Zip Code

513-232-7700

Phone: (Area Code) Number

2119 Beechmont Avenue Cincinnati, OH 45230

(Address of principal business office at end of year)

## TO THE PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE  
YEAR ENDED DECEMBER 31, 2011

Name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report.

Joey Hazenfield, President, 2119 Beechmont

Email: joey@ptscinti.com, Phone: 513-232-7700, Fax: 513-624-2144



### IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain).

s corporation

2. If a consolidated, merged, or reorganized company, briefly provide particulars of such transactions, the date of the transactions, and PUCO authority. If a reorganized company, give name of original company.

not applicable

3. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year.

4. If incorporated specify:

a. Date of filing articles of incorporation: February 24, 1993

b. State in which incorporated: Ohio

5. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued.

98-348-TP-ACE

07/22/98

90-9051

6. State whether respondent is operational in Ohio (actually providing service and the date operations began), or available (but not currently providing service).

available, but not currently providing service

## Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

The jurisdictional separation of revenues reported in this schedule should conform, to the extent applicable, to the procedures and instructions of CFR 47 Parts 32 and 36.

For interexchange carriers, intrastate refers to messages originating and terminating in Ohio.

For cellular, competitive access, and paging providers, intrastate refers to amounts billed to an Ohio account.

## SCHEDULE: 1

**STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE)**

1	Operating and Miscellaneous Revenue - Wholesale Cellular Communications, Radio Common Carrier, Directory Revenue, Rent Revenue, Special Billings (revenue from work performed for others, rent revenue-nonoperating return on regulated investment used to provide nonregulated products and services, etc.)	\$0
2	Other Revenue, Dividend and Interest Income, Gains From Disposition of Property -- Operating and Nonoperating, Other Operating or Nonoperating Gains (foreign currency exchange or transfer, extinguishment of debt, company's share of earnings of affiliated company accounted for on equity method, income from sinking and other funds, etc.)	\$0
3	<b>SUBTOTAL (1) + (2)</b>	\$0
4	Earnings or receipts from sales to other public utilities for resale	\$0
5	<b>TOTAL (3) - (4)</b>	\$0

**IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE/INVOICES IS/ARE DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.**

**Name, Title, E-mail, Address, and Phone Number of the Company's Contact Persons**

Joey Hazenfield	President
Name	Title

joey@ptscinti.com
E-mail

2119 Beechmont Avenue Cincinnati, Ohio 45230
Address

513-232-7700
Phone Number (Including Area Code)

**Name, Title, E-mail, Address, and Phone Number of Person to whom Invoice  
should be Directed**

Hazenfield	Accounting
Name	Title

leah@ptscinti.com
E-mail

2119 Beechmont Avenue Cincinnati, Ohio 45230
Address

513-232-7700
Phone Number (Including Area Code)

**Name and Address of the President**

Joey C Hazenfield, President
Name

2119 Beechmont Avenue Cincinnati, Ohio 45230
Address

## VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company.

## OATH

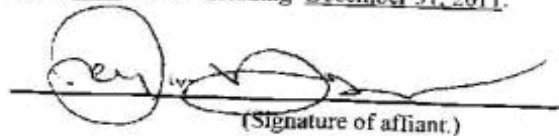
State of Ohio  
County of Hamilton

Joey Hazenfield makes oath and says that

s/he is President

of Professional Telecommunications Services, Inc.

that s/he has examined the foregoing report; that to the best of her/his knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including January 1, 2011 to and including December 31, 2011.

  
(Signature of affiant.)

Sworn and subscribed before me this 16th day of February, 2012 Month/Year

Daniel Joseph Wood  
Signature of Notary

DANIEL JOSEPH WOOD, Attorney at Law  
Notary Public, State of Ohio  
My Commission Has No Expiration Date  
Section 147.02

My commission expires on \_\_\_\_\_

(TUE) 2.21'12 8:04/ST. 8:03/NO. 4864931470 P. 1

FROM PROFESTELCOM

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

**2/21/2012 10:00:48 AM**

**in**

**Case No(s). 12-0005-TP-RPT**

Summary: Annual Report Annual Report for Professional Telecommunications Services, Inc..  
Certificate #90-9051. electronically filed by Mr. Joey C. Hazenfield on behalf of Hazenfield,  
Joey C. Mr.