

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> INTEREXCHANGE CARRIER | <input type="checkbox"/> COMPETITIVE ACCESS |
| <input type="checkbox"/> ALTERNATIVE OPERATOR SERVICE PROVIDER | <input checked="" type="checkbox"/> COMPETITIVE LOCAL EXCHANGE CARRIERS |
| | <input type="checkbox"/> 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.

www.ptscinti.com

Website URL:

| | | | | |
|-----------------------|----------------|----------|-------|----------|
| 2119 Beechmont Avenue | Cincinnati | Hamilton | Ohio | 45230 |
| Address | City | County | State | Zip Code |
| | (513) 232-7700 | | | |

Phone: (Area Code) Number

| | | | | |
|-----------------------|------------|----------|------|-------|
| 2119 Beechmont Avenue | Cincinnati | Hamilton | Ohio | 45230 |
|-----------------------|------------|----------|------|-------|

(Address of principal business office at end of year)

TO THE PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE

YEAR ENDED DECEMBER 31, 2010

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

Annual Report of Professional Telecommunications Services, Inc. Year Ended December 31, 2010

TABLE OF CONTENTS

| Title | Page |
|---|------|
| General Instructions | 1 |
| Identity of Respondent..... | 2 |
| Important Changes During The Year..... | 3 |
| Directors, Proprietors, Partners (Schedule 1)..... | 4 |
| Statement of Intrastate Gross Earnings (Revenue) For The Year (Schedule 2)..... | 5 |
| Name, Address and Phone Number of the Company's Contact Persons and Whom Invoice Should be Directed..... | 6 |
| Verification | 7 |

Annual Report of Professional Telecommunications Services, Inc. Year Ended December 31, 2010

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

Please read the general instructions carefully before filling out this form:

1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
2. The schedules and questions contained in this report were developed to be generally applicable to all competitive telecommunication service providers. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item has been overlooked.
3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.
4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.
5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.
6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.
7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.
8. The annual report shall be signed by a duly elected officer of the respondent and it shall be notarized.
9. "Operating" as used in this report refers to regulated operations while "Nonoperating" refers to nonregulated operations.

Annual Report of Professional Telecommunications Services, Inc. Year Ended December 31, 2010

IMPORTANT CHANGES DURING THE YEAR

Report important changes of the types listed. Except as otherwise indicated data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information which answers an inquiry is given elsewhere in the report, identification of the other answer will be sufficient.

1. Changes in ownership or control (shareholders holding 5% or more of outstanding stock).
None
2. Other important changes: Give brief particulars of each other important change which is not disclosed elsewhere in this report.
None

Annual Report of Professional Telecommunications Services, Inc. Year Ended December 31, 2010

SCHEDULE: 1

| DIRECTORS, PROPRIETORS, PARTNERS | | | |
|---|--|---------------------------------|---|
| 1. Give the name of each director or proprietor. (For partnerships identify each partner, identify which are general or limited partners, and show each partner's percent of interest.) | | | |
| Line No. | Name and Address (City and State) (a) | Served Continuously From (b) | Term Expired or Current Term Will Expire (c) |
| 1 | Joe Hazenfield | | |
| 2 | 2119 Beechmont Avenue Cincinnati, Ohio 45230 | 1983 | N/A |
| 3 | | | |
| 4 | Jamie Hazenfield | | |
| 5 | 2119 Beechmont Avenue Cincinnati, Ohio 45230 | 1983 | N/A |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| (For corporations, show the data requested; for other forms of business organizations, show names of individuals holding comparable positions.) | | | |
| 16 | Name of Chairman of the Board | 21 | Treasurer |
| 17 | Name of Secretary of Board | 22 | Controller |
| 18 | President Joe Hazenfield | | |
| 19 | Vice-President Jamie Hazenfield | | |
| 20 | Secretary | | |

Annual Report of Professional Telecommunications Services, Inc. Year Ended December 31, 2010

Instructions:

Schedule 2 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: 2

| STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE) | | |
|---|---|------------------------------|
| Line No. | Item | Amount Ohio Intrastate |
| 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.) | \$0.00 |
| 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.) | \$0.00 |
| 3 | SUBTOTAL (1) + (2) | \$0.00 |
| 4 | Earnings or receipts from sales to other public utilities for resale | () |
| 5 | TOTAL (3) + (4) | \$0.00 |

Annual Report of Professional Telecommunications Services, Inc. Year Ended December 31, 2010

SCHEDULE: 3

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

**Name, Title, Address, and Phone Number of the Company's Contact Persons
to Receive Entries and Orders from the Docketing Division**

| | |
|---|-----------|
| Joey Hazenfield | President |
| Name | Title |
| 2119 Beechmont Avenue Cincinnati Ohio 45230 | |
| Address | |
| (513) 232-7700 | |
| Phone Number (Including Area Code) | |

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

| | |
|---|------------------|
| Accounts Payable Supervisor | Accounts Payable |
| Name | Title |
| 2119 Beechmont Avenue Cincinnati Ohio 45230 | |
| Address | |
| (513) 232-7700 Extension 5112 | |
| Phone Number (Including Area Code) | |

Name and Address of the President

| | |
|---|-----------|
| Joey Hazenfield | President |
| Name | President |
| 2119 Beechmont Avenue Cincinnati Ohio 45230 | |
| Address | |