EXHIBIT "J"

GREATER ORLANDO AVIATION AUTHORITY

CRUISE TRANSFER OPERATOR, CRUISE LINE OPERATOR, RESORT TRANSPORTATION SERVICE PROVIDER, TRANSPORTATION AGGREGATOR, AND TOUR OPERATOR

MONTHLY PASSENGER & PRIVILEGE FEE REPORT

REPORT FOR MONTH: _____ YEAR _____

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER _____

Days of Month	Passenger Number	x Privilege Fee $0.50
1	0	$ 0.00
2	0	$ 0.00
3	0	$ 0.00
4	0	$ 0.00
5	0	$ 0.00
6	0	$ 0.00
7	0	$ 0.00
8	0	$ 0.00
9	0	$ 0.00
10	0	$ 0.00
11	0	$ 0.00
12	0	$ 0.00
13	0	$ 0.00
14	0	$ 0.00
15	0	$ 0.00
16	0	$ 0.00
17	0	$ 0.00
18	0	$ 0.00
19	0	$ 0.00
20	0	$ 0.00
21	0	$ 0.00
22	0	$ 0.00
23	0	$ 0.00
24	0	$ 0.00
25	0	$ 0.00
26	0	$ 0.00
27	0	$ 0.00
28	0	$ 0.00
29	0	$ 0.00
30	0	$ 0.00
31	0	$ 0.00
Total	0	**$** 0.00

List permitted entities providing transportation

Remit payment of the Privilege Fee shown on Line 32 and this report no later than the 15th day of the month immediately following the reporting month.

I do hereby certify that, as an authorized representative for the Operator identified above, the above monthly passenger privilege fee report is in accordance with the terms of the Ground Transportation Rules and Regulations, and is a true statement of the number of Operator's Passengers, and that the Permitted entities identifed provided ground transportation services for this month.

Signature	Printed Name
Title	Date