**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 | | $ - |
| 2 | | $ - |
| 3 | | $ - |
| 4 | | $ - |
| 5 | | $ - |
| 6 | | $ - |
| 7 | | $ - |
| 8 | | $ - |
| 9 | | $ - |
| 10 | | $ - |
| 11 | | $ - |
| 12 | | $ - |
| 13 | | $ - |
| 14 | | $ - |
| 15 | | $ - |
| 16 | | $ - |
| 17 | | $ - |
| 18 | | $ - |
| 19 | | $ - |
| 20 | | $ - |
| 21 | | $ - |
| 22 | | $ - |
| 23 | | $ - |
| 24 | | $ - |
| 25 | | $ - |
| 26 | | $ - |
| 27 | | $ - |
| 28 | | $ - |
| 29 | | $ - |
| 30 | | $ - |
| 31 | | $ - |
| **Total** | **0** | **$ -** |

| List permitted entities providing transportation |
|---|
| |
| |
| |