

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

INTEREXCHANGE CARRIER

ALTERNATIVE OPERATOR SERVICE PROVIDER

COMPETITIVE ACCESS

COMPETITIVE LOCAL
EXCHANGE CARRIERS

OTHER (Describe):

ANNUAL REPORT

Digizip.com, Inc. OF

90-6102

(Exact legal name of respondent)

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

Website URL:

9 East 45th Street	New York		NY	10017
Address	City	County	State	Zip Code
	866-375-8324			

Phone: (Area Code) Number

New York NY 10017

(Address of principal business office at end of year)

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE
YEAR ENDED DECEMBER 31, 2004

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

Maxine Paul/TCS 1720 Windward Concourse Suite 250 Alpharetta GA 30005

mpaul@tcsteam.com

678-775-2252

678-775-2249

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PUCO

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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.

IDENTITY OF RESPONDENT

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

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.

NN

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

None

4. If incorporated specify:

- a. Date of filing of articles of incorporation. **12/31/1999**
b. State in which incorporated. **Arizona**

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

02-3215-CT-ACE

01/13/2003

90-6102

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

01/13/2003 Operational

7. If operational, identify Ohio counties where respondent is providing service.

Statewide

8. Identify separately the number of residential and business customers served by respondent. Identify voice, data, or other type services provided.

59 Business

126 Residential

9. Identify if services are provided by resale (total service resale of local exchange company service) or facilities based (through respondent's own switch or via UNE platform), and names of Ohio counties where each type of service is provided.

Statewide Resale

10. Identify local exchange companies that respondent has interconnection agreements with to provide service in Ohio.

QWest, Global, AT&T, MCI

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.



OATH

State of CT
County of Fairfield

Greg Schneider

_____ makes oath and says that

(Insert here the name of the affiant.)

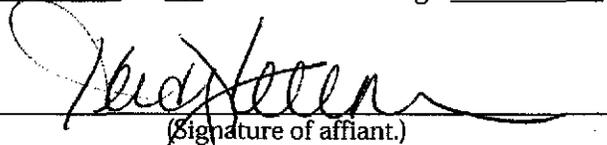
he is President

(Insert here the official title of deponent)

of Digizip.com, Inc.

(Insert here the exact legal title or name of the respondent.)

that he has examined the foregoing report; that to the best of 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 Jan 1, 2004, to and including Dec. 31, 2004.



(Signature of affiant.)

HEIDI J. KELLNER
NOTARY PUBLIC
MY COMMISSION EXPIRES OCT. 31, 2005