90-5990

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

OF

Gates Communications, Inc.

(Exact legal name of respondent)

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

N/A

Website URL:

Address	City	County	State	Zip Code
1100 Olive Way Suite 951	Seattle	King	WA	98101

(206) 579-7776

Phone: (Area Code) Number

1100 Olive Way Suite 951	Seattle	King	WA	98101

(Address of principal business office at end of year)

TO THE

PUBLIC UTILITIES COMMISSION OF OHIO

THE PUBLIC UTILITIES COMMISSION OF OHIO

RECEIVED-DOCKETING DIV 2005 APR 29 PM 3:06 PUCO

FOR THE

YEAR ENDED DECEMBER 31, 20 04

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

Thomas C Corbin/TCS 1720 Windward Conc Suite 250 Alpharett GA 30005

tcorbin@tcsteam.com (770) 232-9428 678-775-1186

0.00

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.

   N/A

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

   N/A

4. If incorporated specify:
   a. Date of filing of articles of incorporation. 01/05/1999
   b. State in which incorporated. WA

5. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued. 01-510-CT-ACE 04/02/2001

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

   04/02/2001

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.

   250 Residential voice 0 Business voice

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.

   N/A Statewide

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

    N/A

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).

   N/A

2. Other important changes: Give brief particulars of each other important change which is not disclosed elsewhere in this report.

   N/A

DIRECTORS, PROPRIETORS, PARTNERS

1. Give the name of each director or proprietor. (For partnerships identify each partner, identify which and show each partner's percent of interest.)

Line No.	Name and Address (City and State) (a)	Served Continuously From (b)
1	Ivica Jakovljevic	
2		
3	1100 Olive Way Seattle WA 98101	
4		
5	Nermin Dizdar	
6	1100 Olive Way Seattle WA 98101	
7		
8		
9		
10		
11		
12		
13		
14		
15		

(For corporations, show the data requested; for other forms of business organizations, show name comparable positions.)

16	Name of Chairman of the Board	Mirel Jakovljevic	21	Treasurer	Ivica Jakovljevi
17	Name of Secretary of Board	Ivica Jakovljevic	22	Controller	N/A
18	President	Mirel Jakovljevic			
19	Vice-President	Ivica Jakovljevic			
20	Secretary	Ivica Jakovljevic			

Annual Report of Gates Communications, Inc. Year Ended December 31, 2004

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)

		Amount
Line No.	Item	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.)	7,133.31
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)	7,133.31
4	Earnings or receipts from sales to other public utilities for resale	(0.00)
5	TOTAL (3) + (4)	7,133.31

Annual Report of Gates Communications, Inc. Year Ended December 31, 20 04

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

Name	Title
Mirel Jakovljevic	President

Address				
1100 Olive Way	Suite 951	Seattle	WA	98101

Phone Number (Including Area Code): (206) 579-7776

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

Name	Title
Thomas C Corbin/TCS	Compliance Analyst

Address				
1720 Windward Concourse	Suite 250	Alpharetta	GA	30005

Phone Number (Including Area Code): (770) 232-9428

Name and Address of the President

Name	Title
Mirel Jakovljevic	President

Address				
1100 Olive Way	Seattle	WA	President	98101

Annual Report of Gates Communications, Inc. Year Ended December 31, 2004

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 Washington
County of King

Mirel Jakovljevic makes oath and says that
(Insert here the name of the affiant.)

he is President
(Insert here the official title of deponent)

of Gates Communications, 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 January 1, 2004, to and including December 31, 2004.

(Signature of affiant.)

INDIVIDUAL ACKNOWLEDGEMENT

STATE OF WASHINGTON }

County of King }

I, Sung D. Kim, Notary Public in and for the State of Washington, residing at 410 E. Denny Way, Seattle WA 98122, do hereby certify that I know or have satisfactory evidence that JAKOVLJEVIC, MIREL is the person who appeared before me, and person said acknowledged that (he / she) signed this instrument and acknowledged that to be (his / her) free and voluntary act for the uses and purposes mentioned in the instrument.

Signed and sworn to before me this 25th day of APRIL, 2005.

(Signature)

(Seal / Stamp)

Notary Public in and for the State of Washington

My appointment expires: SEP-01-2006