

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):



INTEREXCHANGE CARRIER



COMPETITIVE ACCESS



ALTERNATIVE OPERATOR SERVICE PROVIDER



COMPETITIVE LOCAL
EXCHANGE CARRIERS



OTHER (Describe):

ANNUAL REPORT

OF

GEOSTAR COMMUNICATIONS, LLC

90-6204

(Exact legal name of respondent)

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

www.geostarcom.com

Website URI.

764 SOUTH BROADWAY ST.	AKRON	SUMMIT	OHIO	44311
Address	City	County	State	Zip Code

(330) 252-0159

Phone: (Area Code) Number

764 SOUTH BROADWAY ST. AKRON, OHIO 44311

(Address of principal business office at end of year)

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE

YEAR ENDED DECEMBER 31, 2004

PUCO

2005 JUN 22 PM 4:19

RECEIVED - OPERATIONS DIV

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

Annual Report of GEOSTAR COMMUNICATIONS, LLC Year Ended December 31, 2004

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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.

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IDENTITY OF RESPONDENT

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

Corporation (Domestic Limited Liability 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.
b. State in which incorporated.

a. July 22, 2004

b. State of Ohio

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

Case Number: 04-1310-TP-ACE
Dated: September 29, 2004

Certificate Number: 90-6204

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

operational in Ohio, began providing service November 20, 2004

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

Summit, Stark, Cuyahoga, Lake, Lorain, Mahoning, Columbiana, Medina,
Trumbull, Lawrence

8. List the types of services provided by the respondent, e.g., residential voice, business voice, business data, other (specify types of other services provided).

business voice (switched and dedicated long distance), business data

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.

Services are provided by resale

Summit, Stark, Cuyahoga, Lake,
Lorain, Mahoning, Columbiana,
Medina, Trumbull, Lawrence

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

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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

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	Robert L. Green 764 South Broadway St. Akron, Ohio	July 22, 2004	
2			
3			
4			
5			
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		
19	Vice-President		
20	Secretary		

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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

ROBERT L. GREEN	PRESIDENT
Name	Title
764 SOUTH BROADWAY ST. AKRON, OHIO 44311	
Address	
(330) 972-3540	
Phone Number (Including Area Code)	

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

ROBERT L. GREEN	PRESIDENT
Name	Title
764 SOUTH BROADWAY ST. AKRON, OHIO 44311	
Address	
(330) 972-3540	
Phone Number (Including Area Code)	

Name and Address of the President

ROBERT L. GREEN	President
Name	Title
764 SOUTH BROADWAY ST. AKRON, OHIO 44311	
Address	

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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 OHIO
County of SUMMIT

ROBERT L. GREEN makes oath and says that
(Insert here the name of the affiant.)

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

of GEOSTAR COMMUNICATIONS, LLC
(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 July, 2004, to and including December, 2004.

Robert L. Green
(Signature of affiant.)



ROB MCKRILL
GEOSTAR COMMUNICATIONS, LLC
764 S. BROADWAY ST.
AKRON, OHIO 44311
(330)752 4320 VOICE
(330)252-1120 FAX

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
John Berringer	Rob McKrill
COMPANY:	DATE:
Public Utilities Commission of Ohio	6/22/2005 2:44 PM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
614-466-0313	12
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
614-728-5708	
RE:	YOUR REFERENCE NUMBER:
Annual Report	

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS

John -

Please find attached the Annual Report for GeoStar Communications, LLC.

Please call me with any questions or problems.

Thank you,

Rob McKrill
Accounts Receivable Manager

Rob McKrill
GeoStar Communications, LLC
764 S. Broadway St
Akron, Ohio 44311
rmckrill@geostarcom.com