

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> INTEREXCHANGE CARRIER
ALTERNATIVE OPERATOR SERVICE PROVIDER | COMPETITIVE ACCESS
COMPETITIVE LOCAL EXCHANGE CARRIERS
OTHER (Describe): |
|--|--|

ANNUAL REPORT

90-6113

OF
Transcom Communications, Inc.

(Exact legal name of respondent)

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

www.transcomus.com

Website URL:

1925 W. John Carpenter Fwy, #540	Irving		TX	75063
Address	City	County	State	Zip Code
	(972) 830-3240			

Phone: (Area Code) Number

Irving TX 75063

(Address of principal business office at end of year)

TO THE PUBLIC UTILITIES COMMISSION OF OHIO



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.

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

mpaul@tcsteam.com 678-775-2252 678-775-2254

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REC'D JUN 13 2005

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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

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 Known

4. If incorporated specify:

- a. Date of filing of articles of incorporation. **05/04/1999**
b. State in which incorporated. **TX**

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

03-647-CT-ACE; Cert #90-6113 04/01/2003

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

05/04/1999 - 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.

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.

Global Crossing

Williams Broadwing

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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

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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	Kjetil Bohn		
2	1925 W. John Carpenter Fwy, #540 Irving	TX 75063	12/2/04
3			
4	Hans-Arne L'orange		
5	1925 W. John Carpenter Fwy, #540 Irving	TX 75063	12/2/04
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	Hans-Arne L'orange
17	Name of Secretary of Board	22 Controller	Cynbol Glynn
18	President		Kjetil Bohn
19	Vice-President		Hans-Arne L'orange and Jeff Becker
20	Secretary		Jeff Becker

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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)		
Line No.	Item	Amount 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.)	64.80
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
3	SUBTOTAL (1) + (2)	64.80
4	Earnings or receipts from sales to other public utilities for resale	()
5	TOTAL (3) + (4)	64.80

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

Cynbol Glynn	Regulatory Contact		
Name	Title		
1925 W. John Carpenter Fwy, #540	Irving	TX	75063
Address			
972-830-3240			
Phone Number (Including Area Code)			

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

Cynbol Glynn	Regulatory Contact		
Name	Title		
1925 W. John Carpenter Fwy, #540	Irving	TX	75063
Address			
972-830-3240			
Phone Number (Including Area Code)			

Name and Address of the President

Kjetil Bohn	President		
Name	President		
1925 W. John Carpenter Fwy, #540	Irving	TX	75063
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

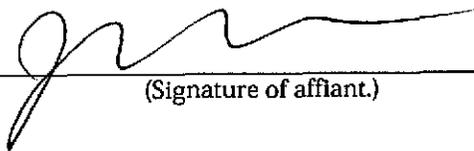
State of Texas
County of Dallas

Jeff Becker makes oath and says that
(Insert here the name of the affiant.)

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

of Transcom 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 Jan 1, 2004, to and including Dec 31, 2004.


(Signature of affiant.)

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May 31, 2005

To: Ohio PUC

Regarding: FEIN# 75-2820004
ID# 03-647-CT-ACE
Cert # 90-6113

Transcom Communications, Inc is now: Maskina Communications, Inc.

On Dec 2, 2004, the stock ownership of Transcom communications, Inc. transferred from Transcom Holdings, LLC to Maskina AS, Arbins Gate 11, N-0253, Oslo, Norway. Our legal entity, taxpayer ID, etc., are NOT changing. Only our NAME is changing to Maskina Communications, Inc. See attached Certificate of Amendment with State of Texas.

Please update your records and contact databases to reflect our new name.

Our new address is as follows:

Maskina Communications, Inc.
1925 W John Carpenter Freeway, Suite 540
Irving, TX 75063
972-830-3240 Phone
972-889-2863 Fax

Officers and Directors of Maskina Communications, Inc.

Here is the list of officers and directors for Maskina Communications, Inc. (formerly known as Transcom Communications, Inc.)

Officers

Kjetil Bohn 12/02/04	President	Arbins Gate 11, N-0253, Oslo, Norway
Hans-Arne L'orange 12/02/04	Vice-President & Treasurer	Arbins Gate 11, N-0253, Oslo, Norway
Jeff Becker 12/18/04	Vice-President & Secretary	1925 W. John Carpenter Freeway, Suite 540, Irving, TX 75063

Directors

Kjetil Bohn 12/02/04	Director
Hans-Arne L'orange 12/02/04	Director

Please contact Cynbol Glynn at cynbol.glynn@maskina.com or call 972-830-3246 if you need additional information. Thank you for your attention.

Sincerely,

Maskina Communications, Inc.
(Formerly known as Transcom Communications, Inc.)

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Encl.

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Geoffrey S. Connor
Secretary of State

Office of the Secretary of State

**CERTIFICATE OF AMENDMENT
OF**

Maskina Communications, Inc.
153415800

[formerly: TRANSCOM COMMUNICATIONS, INC.]

The undersigned, as Secretary of State of Texas, hereby certifies that the attached Articles of amendment for the above named entity have been received in this office and have been found to conform to law.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law hereby issues this Certificate of Amendment.

Dated: 01/11/2005
Effective: 01/11/2005




Geoffrey S. Connor
Secretary of State

Phone: (512) 463-5555
Prepared by: Katy Blaylock

Come visit us on the internet at <http://www.sos.state.tx.us/>
Fax: (512) 463-5709

TTY: 7-1-1
Document: 79298040002

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