


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000000695 1. Entity Name GATES COMMUNICATIONS, INC.	
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Principal Place of Business
1100 OLIVE WAY #951
SEATTLE, WA 98101

Mailing Address
1100 OLIVE WAY #951
SEATTLE, WA 98101



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1944071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000126366
04/23/04-80031-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAKOVLJEVIC, MIREL 1100 OLIVE WAY #951 SEATTLE, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAKOVLJEVIC, IVICA 1100 OLIVE WAY #951 SEATTLE, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIZDAR, NERMIN 1100 OLIVE WAY #951 SEATTLE, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURCEVIC, DRAGO 1100 OLIVE WAY #951 SEATTLE, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVICA JAKOVLJEVIC

Date

Daytime Phone #

04-20/04 206-748-7869