

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # F01000000695

1. Entity Name

GATES COMMUNICATIONS, INC.

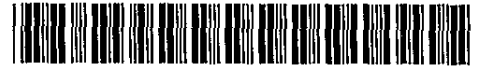


Principal Place of Business

**1100 OLIVE WAY #951
SEATTLE, WA 98101**

Mailing Address

**1100 OLIVE WAY #951
SEATTLE, WA 98101**



04142005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

91-1944071

Applie

Not Ap

5. Certificate of Status Desired ☐

\$8.75 Addition
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 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000324562
04/22/05-80097-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE P
NAME JAKOVljeVIC, MIREL
STREET ADDRESS 1100 OLIVE WAY #951
CITY-ST-ZIP SEATTLE, WA

TITLE V
NAME JAKOVljeVIC, IVICA
STREET ADDRESS 1100 OLIVE WAY #951
CITY-ST-ZIP SEATTLE, WA

TITLE D
NAME DIZDAR, NERMIN
STREET ADDRESS 1100 OLIVE WAY #951
CITY-ST-ZIP SEATTLE, WA

TITLE D
NAME JURCEVIC, DRAGO
STREET ADDRESS 1100 OLIVE WAY #951
CITY-ST-ZIP 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)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IVICA JAKOVljeVIC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18/05 206-748-786
Date Daytime Phone #