

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

05 JUL -5 AM 9:34

SECRETARY
TALLAHASSEE



1st MOORE CR2E034 (10/04)

DOCUMENT # F02000000419 1. Entity Name XO INTERACTIVE, INC.					
Principal Place of Business 11111 SUNSET HILLS ROAD RESTON VA 20190			Mailing Address 11111 SUNSET HILLS ROAD RESTON VA 20190		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 91-1907534 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GRIVNER, CARL J 11111 SUNSET HILLS ROAD RESTON VA 20190 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.2em;">900057063059</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLIVER, BRIAN 1111 SUNSET HILLS ROAD RESTON VA 20190 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secretary Benjamin Presto 1111 Sunset Hills Rd. Reston, VA 20190 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV WEINER, LEE 11111 SUNSET HILLS ROAD RESTON VA 20190 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Simone Wu 1111 Sunset Hills Rd Reston, VA 20190 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDCF REHBERGER, WAYNE M 11111 SUNSET HILLS ROAD RESTON VA 20190 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO & EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACQUAY, JOHN 11111 SUNSET HILLS ROAD RESTON VA 20190 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUNG, KRISI 11111 SUNSET HILLS ROAD RESTON VA 20190 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jung, Kristi <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Benjamin R. Presto</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 6-22-05 <small>Daytime Phone #</small>		



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 462349 5170236

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 550.00

ORDER DATE : July 1, 2005

ORDER TIME : 9:55 AM

ORDER NO. : 462349-005

CUSTOMER NO: 5170236

CUSTOMER: Mr. Brian D. Howard
Xo Communications
11111 Sunset Hills Road
Reston, VA 20190

ANNUAL REPORT FILING

NAME: XO INTERACTIVE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____

RECEIVED
05 JUL -51 AM 10:41
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA