

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

06

BK

FILED

06 OCT -4 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09142006 No Chg-P CR2E034 (11/05)

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4. FEI Number
91-1907534

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

Matthew Young
as its agent

SIGNATURE

Matthew Young

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

DATE Registered Agent signature required when reinstating

10-4-06

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GRIVNER, CARL J 11111 SUNSET HILLS ROAD RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PRESTON, BENJAMIN Richard Scully 1111 SUNSET HILLS ROAD RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WU, SIMONE 11111 SUNSET HILLS ROAD RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO REHBERGER, WAYNE M EVP 11111 SUNSET HILLS ROAD RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUNG, KRISTI 11111 SUNSET HILLS ROAD RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500080452595

REINSTATEMENT 2006

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Richard Scully 9-27-06 703.547.2475

Date

Daytime Phone #



F02000000419

ACCOUNT NO. : 072100000032

REFERENCE : 458369 5170236

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ ~~550.00~~

ORDER DATE : September 16, 2006

150.00

ORDER TIME : 10:14 AM

ORDER NO. : 458369-075

BK

CUSTOMER NO: 5170236

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: Matthew Young - Ext. 2962

EXAMINER'S INITIALS:

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

06 OCT -4 AM 10:59

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TALLAHASSEE, FLORIDA

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