2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000419

Entity Name: XO INTERACTIVE, INC

FILED Apr 29, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
11111 SUNSET HILLS ROAD RESTON, VA 20190				13865 SUNRISE VALLEY DRIVE HERNDON, VA 20171			
Current Mailing Address:				New Mailing Address:			
11111 SUNSET HILLS ROAD RESTON, VA 20190				13865 SUNRISE VALLEY DRIVE HERNDON, VA 20171			
FEI Number: 91-1907534 FEI Number Applied For() FEI Nu			FEI Nun	mber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	Surrent Registered Agent:		Name and	Address of I	New Registered A	gent:
1201 HAYS TALLAHAS The above	SSEE, FL 3230		ırpose o	f changing i	ts registered o	office or registered	agent, or both,
SIGNATUF	RE:						
Electronic Signature of Registered Agent						Date	
Election Can	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () GRIVNER, CAR 11111 SUNSET RESTON, VA 2	HILLS ROAD		Title: Name: Address: City-St-Zip:	GRIVNER, CAI 13865 SUNRIS	SE VALLEY DRIVE	
Title: Name: Address: City-St-Zip:	EVP () REHBERGER, 1111 SUNSET I RESTON, VA 2	HILLS ROAD		Title: Name: Address: City-St-Zip:	REHBERGER,	SE VALLEY DRIVE	
Title: Name: Address: City-St-Zip:	S () WU, SIMONE 11111 SUNSET RESTON, VA 2			Title: Name: Address: City-St-Zip:	WU, SIMONE	() Change () Addition SE VALLEY DRIVE A 20171	
Title: Name: Address: City-St-Zip:	T () JUNG, KRISTI 11111 SUNSET RESTON, VA 2			Title: Name: Address: City-St-Zip:	JUNG, KRISTI	SE VALLEY DRIVE	
Title: Name: Address: City-St-Zip:	D () ICAHN, CARL 11111 SUNSET RESTON, VA 2			Title: Name: Address: City-St-Zip:	ICAHN, CARL	() Change () Addition SE VALLEY DRIVE A 20171	
Title: Name: Address: City-St-Zip:	D (X) GRIVNER, CAR 11111 SUNSET RESTON, VA 2	HILLS RD		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMONE WU S 04/29/2008