File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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ANNUAL REPORT 1999			LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 29 PM 4: 15				
\$ 188.7	75 Ma	ual Report \$100.0 ke Check Payabl								
1. Name a of Limite	ind Mailing Add ed Liability Cor	dress mpany DOC	UMENT							
STARLINK COMMUNICATIONS, LLC 601 GATEWAY BOULEVARD, SUITE 260 SOUTH SAN FRANCISCO CA 94080							1a. Principal Place of Business Address 601 GATEWAY BLVD, SUITE 260 SOUTH SAN FRANCISCO CA 94080			
2. Principal Place of Business 2a. Mailir				ng Address				Date Organized or Qualified 3a. State of Formation		
Suite, Apt. #, etc. Suite, Ap				i. #, etc.			10/16/1 4. FEI Number	·		
City & State City & Sta				ite			91-1676	Applied For 91-1676925 Not Applicable		
Zip Country			Zip		Count	N/	5. Date of Last Report		6. Certifica	te of Status Desired
Z.IP	Country 2.p		2.0	Cours		,	03/23/1	998	S8 75 Addilio	onal Fee Required
7. Name and Address of Current Registered						B. Name	Name and Address of New Regis		itered Agent/Office	
9. Pursuar		16 and 608.508	Suite, Apt. #, etc. City Florida Statutes, the above-named limited liab			50	O. Box Number is Not Acceptable) 50000266655-6 05/07/99-01966-024 ****188.75 Zip Code Lability company submits this statement for the purpose of changing we vote of a majority of the members. Thereby accept the appointment			
SIGNATURE										
10. Title	naging Members/Manag		WTE Negistered Age	Business Street Address			City, State and Zip Code			
MEM MEM	GARRET	RONALD T, JACK MARK F		11755	WIL		VD, SUITE VD, SUITE SUITE 26	LOS At	NGELES	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TWED OR PHINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER