

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000301

1. Entity Name
STARLINK COMMUNICATIONS, LLC

APPROVED
AND
FILED

00 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
601 GATEWAY BLVD. SUITE 260
SOUTH SAN FRANCISCO CA 94080

Mailing Address
601 GATEWAY BOULEVARD, SUITE 260
SOUTH SAN FRANCISCO CA 94080-7002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 91-1676925		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVE., SUITE 200 TALLAHASSEE FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE NAME	MEM ANSON, RONALD	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	11755 WILSHIRE BLVD, SUITE 1350			STREET ADDRESS			
CITY - ST - ZIP	LOS ANGELES CA 90025			CITY - ST - ZIP			
TITLE NAME	MEM GARRETT, JACK	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	11755 WILSHIRE BLVD, SUITE 1350			STREET ADDRESS			
CITY - ST - ZIP	LOS ANGELES CA 90025			CITY - ST - ZIP			
TITLE NAME	MEM COHN, MARK F	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	601 GATEWAY BLVD, SUITE 260			STREET ADDRESS			
CITY - ST - ZIP	SOUTH SAN FRANCISCO CA 94080			CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

11. 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 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(650) 869-3850

CR2E083 (9/99)