

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M95000000301**

1. Entity Name

**STARLINK COMMUNICATIONS, LLC**

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**

2. Principal Place of Business

**1000 Marina Blvd.**

Suite, Apt. #, etc.  
**Suite 600**

City & State

**Brisbane, CA**

3. Mailing Address

**1000 Marina Blvd.**

Suite, Apt. #, etc.  
**Suite 600**

City & State

**Brisbane, CA**

Zip

**94005**

Country

**San Mateo**

Zip

**94005**

Country

**San Mateo**

6. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.  
526 EAST PARK AVE., SUITE 200  
TALLAHASSEE FL 32301**

4. FEI Number

**91-1676925**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(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

TITLE **MEM** ☐ Delete  
NAME **ANSON, RONALD**  
STREET ADDRESS **11755 WILSHIRE BLVD, SUITE 1350**  
CITY-ST-ZIP **LOS ANGELES CA 90025**

TITLE **MEM** ☐ Delete  
NAME **GARRETT, JACK**  
STREET ADDRESS **11755 WILSHIRE BLVD, SUITE 1350**  
CITY-ST-ZIP **LOS ANGELES CA 90025**

TITLE **MEM** ☐ Delete  
NAME **COHN, MARK F**  
STREET ADDRESS **601 GATEWAY BLVD, SUITE 260**  
CITY-ST-ZIP **SOUTH SAN FRANCISCO CA 94080**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Member**  
STREET ADDRESS **Mark F. Cohn**  
CITY-ST-ZIP **1000 Marina Blvd., Suite 600  
Brisbane, CA 94005**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Mark F. Cohn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

(650) 869-3850

Daytime Phone #

FILED

01 APR 30 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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