

2001 UNIFORM BUSINESS REPORT (UBR)

0031596 AB

DOCUMENT # M98000000267

1. Entity Name

STARPOWER COMMUNICATIONS, L.L.C.

FILED

01 MAR 29 AM 8:34

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address

105 CARNEGIE CENTER
PRINCETON NJ 08540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2061905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ADAMS, MICHAEL A
STREET ADDRESS 105 CARNEGIE CENTER
CITY-ST-ZIP PRINCETON NJ 08540

TITLE ☐ Change ☐ Addition
NAME 900003993029-3
STREET ADDRESS -04/12/01-01004-026
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME MCCALLUM, JOHN D
STREET ADDRESS 1801 K. STREET, N.W., SUITE 900
CITY-ST-ZIP WASHINGTON DC 20006-1301

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

TITLE MGRM ☐ Delete
NAME WOOTTEN, WILLIAM
STREET ADDRESS 105 CARNEGIE CENTER
CITY-ST-ZIP PRINCETON NJ 08540

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

TITLE MGRM ☐ Delete
NAME RAMANI, P.K.
STREET ADDRESS 105 CARNEGIE CENTER 105 Carnegie Center
CITY-ST-ZIP PRINCETON NJ 08540

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

TITLE MGRM ☐ Delete
NAME NG, JOHN
STREET ADDRESS 1801 K. STREET N.W., SUITE 900
CITY-ST-ZIP WASHINGTON DC 20006-1301

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

TITLE MGRM ☐ Delete
NAME AZARSA, ARSALAN
STREET ADDRESS 1801 N.W. K STREET
CITY-ST-ZIP WASHINGTON DC 20006

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:

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

Date

Daytime Phone #

James Saile

3/22/01 (609) 919-5533

CR2E083 (11/00)