



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90040 020 \*\*\*\*50.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # M98000000267</b><br>1. Entity Name<br><b>STARPOWER COMMUNICATIONS, L.L.C.</b>   |  |  |  |  |  |
| Principal Place of Business<br><b>CORPORATION TRUST CENTER<br/>1209 ORANGE STREET<br/>WILMINGTON, DE 19801</b>  |  |  | Mailing Address<br><b>105 CARNEGIE CENTER<br/>PRINCETON, NJ 08540</b>  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country  | Zip  | Country  |   |  |
|   |  | 05112005 Chg-LLC   |  | CR2E083 (10/03)   |  |
| 4. FEI Number<br><b>52-2061905</b>  |  |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |  | <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code       </div> |   |  |
| 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. I am familiar with, and accept the obligations of registered agent.   |  |  |  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 7, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS / MANAGERS  |  |  | 10. ADDITIONS / CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>MCCOURT, DAVID<br/>105 CARNEGIE CENTER<br/>PRINCETON, NJ 08540</b>           | <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>Manager<br/>Peter Aquino<br/>196 Van Burn St.<br/>Herndon, VA 20170</b>        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>ANG, MIKE<br/>105 CARNEGIE CENTER<br/>PRINCETON, NJ 08540</b>                | <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>WRAASE, DENNIS R<br/>1801 K ST NW STE 900<br/>WASHINGTON, DC 20006</b>       | <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>BARCOHEN, BARAK<br/>105 CARNEGIE CENTER<br/>PRINCETON, NJ 08540</b>          | <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>NG, JOHN<br/>1801 K. STREET N.W., SUITE 900<br/>WASHINGTON, DC 200061301</b> | <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>AZARSA, ARSALAN<br/>1801 N.W. K STREET<br/>WASHINGTON, DC 20006</b>          | <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |  |  |  |   |  |
| <b>SIGNATURE:</b>  <b>VP/SAK Rm Telecom Services</b> <b>5/12/05</b> <b>609-734-3850</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  |  |   |  |