

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90112 028 \*\*\*\*50.00

**DOCUMENT # M98000000267**

1. Entity Name  
STARPOWER COMMUNICATIONS, L.L.C.



Principal Place of Business  
196 VAN BURN ST  
SUITE 300  
HERNDON, VA 20170

Mailing Address  
196 VAN BURN ST  
SUITE 300  
HERNDON, VA 20170

**60039523**



04112007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                |  |
|----------------|--|
| TITLE          | CEOP   |
| NAME           | AQUINO, PETER                                    |
| STREET ADDRESS | 196 VAN BURN ST                                  |
| CITY-ST-ZIP    | HERNDON, VA 20170                                |
| TITLE          | T  |
| NAME           | O'HARA, EDWARD                                   |
| STREET ADDRESS | 196 VAN BURN ST                                  |
| CITY-ST-ZIP    | HERNDON, VA 20170                                |
| TITLE          | CFO  |
| NAME           | SICOLI, MICHAEL                                  |
| STREET ADDRESS | 196 VAN BURN ST                                  |
| CITY-ST-ZIP    | HERNDON, VA 20170                                |
| TITLE          | <del>AS</del> SECRETARY                          |
| NAME           | <del>KORTREY, DOUGLAS</del> PRESTON, BENJAMIN R. |
| STREET ADDRESS | <del>196 VAN BURN ST</del> 196 VAN BURN STREET   |
| CITY-ST-ZIP    | <del>HERNDON, VA 20170</del> HERNDON VA 20170    |
| TITLE          | <del>EC</del>                                    |
| NAME           | <del>MOONEY, JAMES</del> ← DELETE INFO           |
| STREET ADDRESS | <del>196 VAN BURN ST</del>                       |
| CITY-ST-ZIP    | <del>HERNDON, VA 20170</del>                     |
| TITLE          | VPT  |
| NAME           | O'DAY, MICHAEL                                   |
| STREET ADDRESS | 196 VAN BURN ST                                  |
| CITY-ST-ZIP    | HERNDON, VA 20170                                |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/07 (703) 454-8245