

1052

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F9700002427

1. Corporation Name

PANAMSAT CORPORATION

2. Principal Office Address

20 WESTPORT ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

20 WESTPORT ROAD

Suite, Apt. #, etc.

City & State

WILTON, CONNECTICUT

Zip

06897

Country

U.S.A.

City & State

WILTON, CONNECTICUT

Zip

06897

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 7, 1997

5. FBI Number

95-4607698

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Numbers Not Acceptable)

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

Doroni Bayne Special Asst. Secy

Date 8/17/04

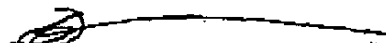
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIRECTOR PRESIDENT	JOSEPH R. WRIGHT	20 WESTPORT ROAD	WILTON, CT 06897
SECRETARY EVP	JAMES W. CUMMINS	"	"
DIRECTOR EVP, CFO	MICHAEL J. INAISE	"	"
EVP	JAMES B. FLOWNBERG	"	"
TREASURER	KEVIN R. WATSON	"	"
ASST. SECY	E. JEAN KUM	"	"

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees due by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(2)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/04

Date

202-210-8652

Daytime Phone #

2 of 2

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

PANAMSAT CORPORATION

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Ashlym.

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