


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000006444</b> 1. Entity Name LORAL SKYNET NETWORK SERVICES, INC.	
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Principal Place of Business 500 HILLS DRIVE BEDMINSTER, NJ 07921	Mailing Address C/O LORAL SPACECOM CORP. 600 THIRD AVE NEW YORK, NY 10016
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04082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2360922	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP TOWNSEND, RICHARD J 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOO ZAHLE, ERIC J 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MASTOLONI, RICHARD 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KATZ, AVI 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SITLER, BARRY J 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000118915  
04/19/04-80079-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY J. SITLER BARRY J. SITLER 4/19/04 (212) 697-1125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #