


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000006444 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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DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2360922	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 ZAHNER, 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	

**DO NOT WRITE
IN THIS SPACE**

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07/12/05-80001-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dany J. Pule VICE PRESIDENT 7/7/05 (212) 338-5392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #