

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000006444

1. Entity Name  
LORAL SKYNET NETWORK SERVICES, INC.



FILED  
2007 APR 12 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
500 HILLS DRIVE  
BEDMINSTER, NJ 07921

Mailing Address  
C/O LORAL SPACECOM CORP.  
600 THIRD AVE  
NEW YORK, NY 10016

LORAL SPACE4 COMMUNICATIONS INC

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

600 THIRD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW YORK, NY

Zip

Country

Zip

Country

10016

USA

03292007 REIN-P CR2E098 (1/07)

4. FEI Number

52-2360922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP TOWNSEND, RICHARD J 600 THIRD AVENUE NEW YORK, NY 10016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO ZAHLE, ERIC J 600 THIRD AVENUE NEW YORK, NY 10016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MASTOLONI, RICHARD 600 THIRD AVENUE NEW YORK, NY 10016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KATZ, AVI 600 THIRD AVENUE NEW YORK, NY 10016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SITLER, BARRY J 600 THIRD AVENUE NEW YORK, NY 10016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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04/24/07-01004-021 \*\*300.00

B. 4/16/07

**REINSTATEMENT**

12. 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARRY J. SITLER

Date

2/29/07

Daytime Phone #

(212) 338-5372