

FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F75846 (8)

1. Corporation Name
FLORIDA SATELLITE NETWORK, INC.



Principal Place of Business 8949 GALL BLVD ZEPHYRHILLS FL 33541	Mailing Address 8949 GALL BLVD -- ZEPHYRHILLS FL 33541-7410 --
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3. Date Incorporated or Qualified 04/09/1982	3a. Date of Last Report 06/20/1996
4. FEI Number 59-2202161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 4103 West Lake
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 26 Houston Parkway
City & State 23	City & State 27 Houston, TX 77339-5299
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent MCQUAID, JOHN J. 8949 GALL BLVD ZEPHYRHILLS FL 33541	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td>85 Zip Code</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL</td> </tr> </table>	81 Name	85 Zip Code	82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL
81 Name	85 Zip Code								
82 Street Address (P.O. Box Number is Not Acceptable)									
83									
84 City	FL								

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, WILLIAM A	1.2 NAME	
STREET ADDRESS	3198 ASSINIBOINE AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	WINNIPEG, MANITOBA 00000	1.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFAT, RANDALL L	2.2 NAME	
STREET ADDRESS	474 SOUTH DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	WINNIPEG, MANITOBA 00000	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: John J. McQuaid John J. McQuaid, April 9, 1997 1 (813) 788-5610

CR2E034 (9/96)