

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 11:05

DOCUMENT # F94000003546 (8)

1. Corporation Name
SATELLITE DATA BROADCAST NETWORKS, INC.

Principal Place of Business ATTN: DON F. BLAIR 50 ROCKEFELLER PLAZA NEW YORK NY 10020	Mailing Address ATTN: DON F. BLAIR 50 ROCKEFELLER PLAZA NEW YORK NY 10020
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1994		3a. Date of Last Report	
4. FEI Number 13-3099400		Applied For 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				2a. Mailing Address			
21 Suite, Apt. #, etc.				26 Suite, Apt. #, etc.			
23 City & State				27 City & State			
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent REINDL, JAMES THE ASSOCIATED PRESS 9100 NW 36TH ST MIAMI FL 33178-2420				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code		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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, FRANK A JR	1.2 NAME	
STREET ADDRESS	215 S. MCDOWELL ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH NC 27601	1.4 CITY - ST - ZIP	
TITLE	VC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIFVENDHL, HAROLD L	2.2 NAME	
STREET ADDRESS	435 N. MICHIGAN AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60611	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLEIGH, WILLIAM R	3.2 NAME	
STREET ADDRESS	312 WALNUT ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45202	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCCARDI, LOUIS D	4.2 NAME	
STREET ADDRESS	101 VANECK DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ROCHELLE NY 10804	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, PATRICK T	5.2 NAME	
STREET ADDRESS	8 SORRELL HILL CT	5.3 STREET ADDRESS	
CITY - ST - ZIP	DIX HILLS NY 11748	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA, JAMES M	6.2 NAME	
STREET ADDRESS	96 LAKESIDE DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	KATONAH NY 10536	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **James M. Donna** VP & Secretary
DATE: **6/6/95** TELEPHONE: **212-621-1812**

CP2E034 (3/95)