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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F94000003546 (8)**

1. Corporation Name

**SATELLITE DATA BROADCAST NETWORKS, INC.**



Principal Place of Business

Mailing Address

ATTN: DON F. BLAIR  
50 ROCKEFELLER PLAZA  
NEW YORK NY 10020

ATTN: DON F. BLAIR  
50 ROCKEFELLER PLAZA  
NEW YORK NY 10020

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINDL, JAMES  
THE ASSOCIATED PRESS  
9100 NW 36TH ST  
MIAMI FL 33178-2420

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
DANIELS, FRANK A JR  
STREET ADDRESS  
215 S. MCDOWELL ST  
CITY-ST-ZIP  
RALEIGH NC 27601

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME  
LIFVENDHL, HAROLD L  
STREET ADDRESS  
435 N. MICHIGAN AVE  
CITY-ST-ZIP  
CHICAGO IL 60611

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
VC  
HOLMBERG, RUTH S.  
1108 Cumberland Road  
Chattanooga, TN 37419

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
BURLEIGH, WILLIAM R  
STREET ADDRESS  
312 WALNUT ST  
CITY-ST-ZIP  
CINCINNATI OH 45202

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
BOCCARDI, LOUIS D  
STREET ADDRESS  
101 VANECK DR  
CITY-ST-ZIP  
NEW ROCHELLE NY 10804

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
O'BRIEN, PATRICK T  
STREET ADDRESS  
8 SORRELL HILL CT  
CITY-ST-ZIP  
DIX HILLS NY 11746

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
DONNA, JAMES M  
STREET ADDRESS  
96 LAKESIDE DR  
CITY-ST-ZIP  
KATONAH NY 10536

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Donna VP & Secretary 212-621-1812

Date Daytime Phone #

4/26/96

CR2E034 (12/95)