

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90126 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000003546**  
 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 29 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**07/06/1994**  
 4. FEI Number **13-3099400** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**WALSH, KEVIN**  
**9100 N.W. 36TH STREET**  
**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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	DANIELS, FRANK A JR
STREET ADDRESS	215 S. MCDOWELL ST
CITY-ST-ZIP	RALEIGH NC 27601
TITLE	VC <input checked="" type="checkbox"/> DELETE
NAME	HOLMBERG, RUTH S
STREET ADDRESS	1108 CUMBERLAND RD
CITY-ST-ZIP	CHATTANOOGA TN
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BURLEIGH, WILLIAM R
STREET ADDRESS	312 WALNUT ST
CITY-ST-ZIP	CINCINNATI OH 45202
TITLE	P <input type="checkbox"/> DELETE
NAME	BOCCARDI, LOUIS D
STREET ADDRESS	101 VANECK DR
CITY-ST-ZIP	NEW ROCHELLE NY 10804
TITLE	V <input type="checkbox"/> DELETE
NAME	O'BRIEN, PATRICK T
STREET ADDRESS	8 SORRELL HILL CT
CITY-ST-ZIP	DIX HILLS NY 11746
TITLE	S <input type="checkbox"/> DELETE
NAME	DONNA, JAMES M
STREET ADDRESS	96 LAKESIDE DR
CITY-ST-ZIP	KATONAH NY 10536

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Newhouse, Donald E.
1.3 STREET ADDRESS	730 Park Avenue
1.4 CITY-ST-ZIP	New York, NY 10021
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Williams, James R.
2.3 STREET ADDRESS	1909 Valley Wood Road
2.4 CITY-ST-ZIP	McLean, VA 22101
3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brettingen, Tom
3.3 STREET ADDRESS	33 Rockrimmon Lane
3.4 CITY-ST-ZIP	Stamford, CT 06903
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	O'Brien, Patrick T.
5.3 STREET ADDRESS	18-15 215 Street, Apt. 15G
5.4 CITY-ST-ZIP	Bayside, NY 11360
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** James M. Donna VP & Secretary  
 4/27/99 (212) 621-1812  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)