


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90281 042 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F94000003546

1. Entity Name
SATELLITE DATA BROADCAST NETWORKS, INC.



| | |
|--|--|
| Principal Place of Business ATTN: TAX DEPT 6TH FLOOR 50 ROCKEFELLER PLAZA NEW YORK, NY 10023 US | Mailing Address ATTN: TAX DEPT 6TH FLOOR 50 ROCKEFELLER PLAZA NEW YORK, NY 10023 US |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



CHECK HERE IF MAKING CHANGES

| | |
|---|-------------------------------|
| 4. FEI Number 13-3099400 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent WALSH, KEVIN 9100 N.W. 36TH STREET MIAMI, FL 33178-2420 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | C <input checked="" type="checkbox"/> Delete NAME NEWHOUSE, DONALD E STREET ADDRESS 730 PARK AVENUE CITY-ST-ZIP NEW YORK, NY 10021 |
| TITLE | V <input type="checkbox"/> Delete NAME WILLIAMS, JAMES R STREET ADDRESS 1207 DAVISWOOD DR CITY-ST-ZIP MC LEAN, VA 22102 |
| TITLE | VP <input type="checkbox"/> Delete NAME BRETTINGEN, TOM STREET ADDRESS 33 ROCKRIMMON LANE CITY-ST-ZIP STAMFORD, CT 06903 |
| 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 113 WINDSOR GATE DR THE GATES CITY-ST-ZIP NORTH HILLS, NY, 11040 |
| TITLE | S <input type="checkbox"/> Delete NAME DONNA, JAMES M STREET ADDRESS 96 LAKESIDE DR CITY-ST-ZIP KATONAH, NY 10536 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>Burl Osborne</i> STREET ADDRESS <i>400 S. Record Street</i> CITY-ST-ZIP <i>Dallas, Texas 75202</i> |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <i>50 Rockefeller Plaza</i> CITY-ST-ZIP <i>New York, NY 10020</i> |
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12. 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 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: James M. Donna 4/17/03 (212)621-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)