

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

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000001411 (6)

1. Corporation Name  
PANAMSAT CORPORATION



Principal Place of Business  
ONE PICKWICK PLAZA  
GREENWICH CT 06830

Mailing Address  
ONE PICKWICK PLAZA  
GREENWICH CT 06830-5531

3. Date Incorporated or Qualified 03/23/1995  
3a. Date of Last Report 06/11/1996

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 28 Zip Country

24 25 29 30

4. FEI Number 06-1407851  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 (Applicable) (NOTE: Registered Agent signature required when re-issuing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDMAN, FREDERICK A	1.2 NAME	
STREET ADDRESS	ONE PICKWICK PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARALEGUI, LOURDES	2.2 NAME	
STREET ADDRESS	ONE PICKWICK PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCURA, BERTA	3.2 NAME	
STREET ADDRESS	ONE PICKWICK PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	3.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, PATRICK	4.2 NAME	
STREET ADDRESS	ONE PICKWICK PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, GUILLERMO C	5.2 NAME	Canedo White, Guillermo
STREET ADDRESS	AVENIDA CHAPULTEPEC #28	5.3 STREET ADDRESS	
CITY-ST-ZIP	08724 MEXICO, D.F.	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN, LAWRENCE W	6.2 NAME	Dan, Lawrence W
STREET ADDRESS	AVENIDA CHAPULTEPEC #28	6.3 STREET ADDRESS	2121 Avenue of the Stars
CITY-ST-ZIP	08724 MEXICO, D.F.	6.4 CITY-ST-ZIP	Los Angeles, CA 90067

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: *[Signature]* JAMES W. CUMINALE 1/17/97 203-622-6664  
DATE: 1/17/97 DAYTIME PHONE: 203-622-6664

CR2E034 (9/96)