

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 29 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002427

1. Corporation Name

PanAmSat Corporation

2. Principal Office Address
20 Westport Road

3. Mailing Office Address
20 Westport Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wilton, CT

City & State
Wilton, CT

Zip Country
06897 USA

Zip Country
06897 USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida 5/7/97

5. FEI Number
954607698

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

300004931459--5

-02/15/02--01063--015

Suite, Apt. #, Etc.

***1058.75 ***1058.75

City
Tallahassee

State Zip Code
FL 32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Patricia Pizzuto

Patricia Pizzuto
Asst. Secretary

Date 1/28/2002

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres., CEO & Director	Joseph R. Wright	20 Westport Road	Wilton, CT 06897
SVP, CFO & Director	Michael J. Ingles	20 Westport Road	Wilton, CT 06897
EVP, Sec., & Director	James W. Cuminale	20 Westport Road	Wilton, CT 06897
EVP & CTO	James B. Frownfelter	20 Westport Road	Wilton, CT 06897
Treasurer	Kevin F. Watson	20 Westport Road	Wilton, CT 06897
Asst. Sec.	E. Jean Kim	20 Westport Road	Wilton, CT 06897

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN KIM

Date

1/24/02

Daytime Phone #

203-210-8652