2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 26, 2004 8:00 am Secretary of State DOCUMENT# F98000007042 07-26-2004 90010 020 ***550.00 XM SATELLITE RADIO INC. Principal Place of Business Mailing Address 1500 ECKINGTON PL NE 1500 ECKINGTON PL NE 44049931 WASHINGTON, DC 20002 WASHINGTON, DC 20002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07212004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 52-1805102 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ___ CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition PANERO, HUGH NAME NAME STREET ADDRESS 1500 ECKINGTON PL NE STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20002 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition TITLEBAUM, JOSEPH M NAME NAME STREET ADDRESS 1500 (MINE) PL NE STREET ADDRESS EGENGTON PL NG CITY-ST-ZIP WASHINGTON, DC 20002 CITY-ST-ZIP **EVPC** TITLE TITLE ☐ Delete Change ☐ Addition NAME EUTENEUR, JOSEPH J. NAME ' ECKINGTON PL NE STREET ADDRESS 1500 Eurarion, and PL NE STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 200022194 CITY-ST-7IP TITLE TITI F Change Delete, ☐ Addition PARSONS, GARY M NAME NAME ECKINGTON PL NE STREET ADDRESS 1500 EURITONIAN PL NE STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20002 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DAVIS, NATHANIEL A NAME NAME STREET ADDRESS 1500 EGRINIAW PL NE STREET ADDRESS <u> Referen</u> CITY-ST-ZIP WASHINGTON, DC 20002 CITY-ST-ZIP_ TITLE Change ☐ Delete ☐ Addition ್ಷ ಗೃಷ್ಟ ಪ್ರಕಾರಣ DONOHUE, THOMAS J... NAME NAME ្ជុំស្នា ្រូវ ស្រុខ ខែខ 1500 ESTIMETAN PL NE STREET ADDRESS CHNYTON PLNE STREET ADDRESS WASHINGTON, DC 20002 CITY-ST-ZIP

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.

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FILED