## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F98000007042

Entity Name: XM SATELLITE RADIO INC.

FILED Jul 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020 **Current Mailing Address: New Mailing Address:** 1500 ECKINGTON PL NE WASHINGTON, DC 20002 US FEI Number: 52-1805102 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition PARSONS, GARY Name: GARY Name: 1221 AVENUE OF THE AMERICAS 1221 AVENUE OF THE AMERICAS Address: Address: City-St-Zip: NEW YORK, NY 10020 US City-St-Zip: NEW YORK, NY 10020 US ( ) Delete Title: Title: () Change () Addition Name: KARMAZIN, MEL Name: 1221 AVENUE OF THE AMERICAS Address: Address: NEW YORK, NY 10020 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition DONNELLY, PATRICK Name: Name: 1221 AVENUE OF THE AMERICAS Address: Address: NEW YORK, NY 10020 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition FREAR, DAVID J Name: Name: 1221 AVENUE OF THE AMERICAS Address: Address: City-St-Zip: NEW YORK, NY 10020 US City-St-Zip: Title: Title: () Delete () Change () Addition MEYER, JAMES Name: Name: 1221 AVENUE OF THE AMERICAS Address: Address: City-St-Zip: NEW YORK, NY 10020 US City-St-Zip: ( ) Delete Title: Title: () Change () Addition AMBLE, JOAN Name: Name: 1221 AVENUE OF THE AMERICAS Address: Address: City-St-Zip: City-St-Zip: NEW YORK, NY 10020 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK DONNELLY, SECRETARY S 07/16/2009