


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # F99000002500 1. Entity Name LORAL COMMUNICATIONS SERVICES, INC.	
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Principal Place of Business 600 THIRD AVENUE NEW YORK, NY 10016	Mailing Address 600 THIRD AVENUE NEW YORK, NY 10016
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04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3954501	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHWARTZ, BERNARD L 944 FIFTH AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF TOWNSEND, RICHARD J 34 WHITE OAK SHADE ROAD NEW CANAAN, CT 06840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MASTOLONI, RICHARD 210 RIVERSIDE DRIVE, APT 2B NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO ZAHNER, ERIC J 860 FIFTH AVENUE APT 8K NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SITLER, BARRY J 28 DONALD LANE OSSINING, NY 10562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KATZ, AVI 1460 HUDSON ROAD TEANECK, NJ 07666

<p>000000118917 04/19/04-80079-014 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Barry J. Sitler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Barry J. Sitler V.P.</u> <small>Date</small>	<u>4/16/04</u> <small>Daytime Phone #</small>	<u>(212) 697-1125</u>
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