2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 12, 2005 08:00 AM **Secretary of State** DOCUMENT # F99000002500 1. Entity Name LORÁL COMMUNICATIONS SERVICES, INC. Mailing Áddress Principal Place of Business 600 THIRD AVENUE **600 THIRD AVENUE** NEW YORK, NY 10016 NEW YORK, NY 10016 CR2E034 (10/03) 07012005 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-3954501 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 3. 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, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstaling) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation dld not receive the prior notice, Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE NAME SCHWARTZ, BERNARD L STREET ADDRESS 944 FIFTH AVENUE U00000372306 NEW YORK, NY 10021 CITY-ST-ZIP 07/12/05-80001-014 150.00 SVCF TITLE TOWNSEND, RICHARD J NAME STREET ADDRESS 34 WHITE OAK SHADE ROAD NEW CANAAN, CT 06840 CITY-ST-ZIP TITLE NAME MASTOLONI, RICHARD 210 RIVERSIDE DRIVE, APT 2B STREET ADDRESS DO NOT WRITE NEW YORK, NY 10024 CITY-ST-ZIP IN THIS SPACE TITLE ZAHLER, ERIC J NAME 860 FIFTH AVENUE APT 8K STREET ADDRESS NEW YORK, NY 10021 CITY-ST-ZIP TITLE SITLER, BARRY J NAME 28 DONALD LANE STREET ADDRESS CITY - ST - ZIP OSSINING, NY 10562 **VPS** KATZ, AVI NAME STREET ADDRESS 1460 HUDSON ROAD CITY - ST - ZIP TEANECK, NJ 07666

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12. I hereby certify that the information supplied with this filling 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. 7/7/05 SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

SIGNATURE AND