

HOW: FILING FEE AFTER MAY 1 IS \$225.00

OFFIT
ORATION
L REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

UMENT # P31279 (3)

ation Name

COX SATELLITE, INC.

Principal Place of Business

Mailing Address

1400 LAKE HEARN DR., N.E.
ATTN: CORPORATE TAX DEPT.
ATLANTA GA 30319
US

1400 LAKE HEARN DR., N.E.
ATTN: CORPORATE TAX DEPT
ATLANTA GA 30319
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/11/1990		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		58-1876776		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, JAMES O.	1.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DR., NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALVI, AJIT M.	2.2 NAME	D Hayes, Jimmy W.
STREET ADDRESS	1400 LAKE HEARN DR., NE	2.3 STREET ADDRESS	1400 Lake Hearn Drive
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta, Ga. 30319
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, JAMES A.	3.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DR., NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, JIMMY W.	4.2 NAME	T Jacobson, Richard J.
STREET ADDRESS	1400 LAKE HEARN DR., NE	4.3 STREET ADDRESS	1400 Lake Hearn Drive
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Atlanta, Ga. 30319
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, PRESTON B	5.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERDEK, ANDREW A	6.2 NAME	
STREET ADDRESS	1400 LK HEARN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Preston B. Barnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESTON B. BARNETT
VICE PRESIDENT - TAX

4/11/96

Date

(404) 843-5184

Daytime Phone #

CR2E034 (12/95)