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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1. Corporation Name
COX SATELLITE, INC.

P31279

Principal Place of Business: **COX ENTERPRISES, INC. CORPORATE TAX DEPT. 1400 LAKE HEARN DRIVE ATLANTA, GA. 30319**

Mailing Address: **COX ENTERPRISES, INC. CORPORATE TAX DEPT. 1400 LAKE HEARN DRIVE ATLANTA, GA. 30319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **1-25-90**

4. FEI Number: **58-1876776** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)

22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.

23. City & State
28. City & State

24. Zip Country
29. Zip Country

10. Name and Address of New Registered Agent

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

9. Name and Address of Current Registered Agent: **CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324**

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: _____ (NOTE: If signed Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P, D	JAMES O. ROBBINS	1400 LAKE HEARN DR.	ATLANTA, GA. 30319	
V, D	JIMMY W. HAYES	1400 LAKE HEARN DR.	ATLANTA, GA 30319	
S	ANDREW A. MERDEK	1400 LAKE HEARN DR.	ATLANTA, GA. 30319	
T	DALLAS S. CLEMENT	1400 LAKE HEARN DR.	ATLANTA, GA. 30319	
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Signature: *[Handwritten Signature]*
Date: **4/24**

14. 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 annual report or sample 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: *[Handwritten Signature]* **ANDREW A. MERDEK** 4/9/98 404-843-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)