

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 PM 8:08

DOCUMENT # P34206 (3)

1. Corporation Name
TRANSMEDIA NETWORK INC.

Principal Place of Business	Mailing Address
11900 BISCAYNE BLVD. SUITE 400 MIAMI FL 33181 US	11900 BISCAYNE BLVD. SUITE 400 MIAMI FL 33181 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/05/1991	3a. Date of Last Report 05/12/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 84-6028875	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country		
29. Zip	30. Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	GARDNER, HERBERT M. 4 DARLEY ROAD GREAT NECK NY	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V
NAME		1.2 NAME WEINBERG, DAVID L.	
STREET ADDRESS		1.3 STREET ADDRESS 11072 BOSTON DRIVE	
CITY - ST - ZIP		1.4 CITY - ST - ZIP COOPER CITY, FL 33026	
TITLE DV	CHASEN, MELVIN 11900 BISCAYNE BLVD. MIAMI FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD
NAME		2.2 NAME CHASEN, MELVIN	
STREET ADDRESS		2.3 STREET ADDRESS 11900 BISCAYNE BLVD	
CITY - ST - ZIP		2.4 CITY - ST - ZIP MIAMI FL 33181	
TITLE EVPD	CALLAGHAN, JAMES M. 750 LEXINGTON AVE NEW YORK NY	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DV
NAME		3.2 NAME CALLAGHAN, JAMES M.	
STREET ADDRESS		3.3 STREET ADDRESS 750 LEXINGTON AVE	
CITY - ST - ZIP		3.4 CITY - ST - ZIP NEW YORK, NY 10022	
TITLE D	SIMONELLI, CHARLES 201 CHESTNUT HILL ROAD STAMFORD CT	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
NAME		4.2 NAME AFRICK, JACK	
STREET ADDRESS		4.3 STREET ADDRESS 5780 BRIDLEWAY CIRCLE	
CITY - ST - ZIP		4.4 CITY - ST - ZIP BOCA RATON, FL 33431	
TITLE D	HOCHBERG, IRWIN 450 SEVENTH AVENUE NEW YORK NY	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE D	SEIDEN, HENRY 1056 FIFTH AVENUE NEW YORK NY	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 a 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: *David L. Weinberg* **DAVID L. WEINBERG** 4/10/95 305-892-3306
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR Date Daytime Phone #