

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P34206** (3)  
1. Corporation Name  
**TRANSMEDIA NETWORK INC.**



Principal Place of Business <b>11900 BISCAYNE BLVD. SUITE 460 MIAMI FL 33181 US</b>	Mailing Address <b>11900 BISCAYNE BLVD. SUITE 460 MIAMI FL 33181 US</b>	3. Date Incorporated or Qualified <b>06/05/1991</b>	3a. Date of Last Report <b>04/14/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>84-6028875</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		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 <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		<b>FL</b>		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, Sect or 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the date of signature DATE Registered Agent Signature (see instructions)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V WEOMBERG, DAVID L</b>	1.2 NAME	<b>WEINBERG, DAVID L.</b>
STREET ADDRESS	<b>11072 BARRON DRIVE</b>	1.3 STREET ADDRESS	<b>11072 BOSTON DRIVE</b>
CITY-ST-ZIP	<b>COOPER CITY FL</b>	1.4 CITY-ST-ZIP	<b>COOPER CITY, FL 33026</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PD CHASEN, MELVIN</b>	2.2 NAME	<b>V KAPLAN, BARRYS,</b>
STREET ADDRESS	<b>11900 BISCAYNE BLVD</b>	2.3 STREET ADDRESS	<b>3700 ISLAND BLVD.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DV CALLAGHAN, JAMES M</b>	3.2 NAME	<b>D MEAKIN, A. BARAY</b>
STREET ADDRESS	<b>750 LEXINGTON AVE</b>	3.3 STREET ADDRESS	<b>1555 NORTH ASTOR STREET</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	<b>CHICAGO, FL 60610</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D AFRICK, JACK</b>	4.2 NAME	<b>D GARRONER, HERBERT M.</b>
STREET ADDRESS	<b>5780 BRIDLEWAY CIRCLE</b>	4.3 STREET ADDRESS	<b>4 ORALET ROKD</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	<b>BAGAT NEUK, NY 11021</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HOCHBERG, IRWIN</b>	5.2 NAME	
STREET ADDRESS	<b>450 SEVENTH AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SEIDEN, HENRY</b>	6.2 NAME	
STREET ADDRESS	<b>1056 FIFTH AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	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: *David L. Weinberg* **DAVID L. WEINBERG** 4/19/96 305-842-3306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)