

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Feb 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA 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: **11800 BISCAYNE BLVD. SUITE 460 MIAMI FL 33181 US**  
Mailing Address: **11900 BISCAYNE BLVD. SUITE 460 MIAMI FL 33181-2726 US**

3. Date Incorporated or Qualified: **06/05/1991**  
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business (21-24):  
2a. Mailing Address (26-30):  
22. Suite, Apt. #, etc.  
27. Suite, Apt. #, etc.  
23. City & State  
28. City & State  
24. Zip Country  
29. Zip Country  
30. Zip Country

4. FEI Number: **84-6028875**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>WEINBERG, DAVID L.</b>
STREET ADDRESS	<b>11072 BOSTON DR</b>
CITY - ST - ZIP	<b>COOPER CITY FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>CHASEN, MELVIN</b>
STREET ADDRESS	<b>11900 BISCAYNE BLVD</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>CALLAGHAN, JAMES M</b>
STREET ADDRESS	<b>750 LEXINGTON AVE</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AFRICK, JACK</b>
STREET ADDRESS	<b>5780 BRIDLEWAY CIRCLE</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOCHBERG, IRWIN</b>
STREET ADDRESS	<b>450 SEVENTH AVENUE</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SEIDEN, HENRY</b>
STREET ADDRESS	<b>1056 FIFTH AVENUE</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DV KAPLAN, BARRY S</b>
1.3 STREET ADDRESS	<b>3700 ISLAND BLVD</b>
1.4 CITY - ST - ZIP	<b>WILLYMS ISLAND FL 33160</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D MERKIN, A. BARRY</b>
2.3 STREET ADDRESS	<b>1555 NORTH ASTOR STREET</b>
2.4 CITY - ST - ZIP	<b>CHICAGO, IL 60610</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D GARDNER, HERBERT M.</b>
3.3 STREET ADDRESS	<b>4 DARLET ROAD</b>
3.4 CITY - ST - ZIP	<b>GREAT NECK, NY 11021</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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** 1/24/97 305-892-3306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)