

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34206 (3)
 1. Corporation Name
TRANSMEDIA NETWORK INC.



Principal Place of Business 11800 BISCAYNE BLVD. SUITE 460 MIAMI FL 33181 US	Mailing Address 11800 BISCAYNE BLVD. SUITE 460 MIAMI FL 33181 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 06/05/1991	4. FEI Number 84-6028875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV KAPLAN, BARRY S	1.1 TITLE	CP Melvin Chasen
NAME	3700 ISLAND BLVD	1.2 NAME	11900 Biscayne Blvd.
STREET ADDRESS	WILLIAM ISLAND FL	1.3 STREET ADDRESS	North Miami, FL 33181
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D MELVIN, A BARRY	2.1 TITLE	DV James M. Callaghan
NAME	1555 NORTH ASTOR ST	2.2 NAME	750 Lexington Ave
STREET ADDRESS	CHICAGO IL	2.3 STREET ADDRESS	New York, NY 10022
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D GARDNER, HERBERT M	3.1 TITLE	V Stephen E. Lerch
NAME	4 DARLEY RD	3.2 NAME	11900 Biscayne Blvd.
STREET ADDRESS	GREAT NECK NY	3.3 STREET ADDRESS	N Miami, FL 33181
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D AFRICK, JACK	4.1 TITLE	S Kathryn Ferara
NAME	5780 BRIDLEWAY CIRCLE	4.2 NAME	11900 Biscayne Blvd
STREET ADDRESS	BOCA RATON FL	4.3 STREET ADDRESS	North Miami, FL 33181
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D HOCHBERG, IRWIN	5.1 TITLE	T Gregory Borges
NAME	450 SEVENTH AVENUE	5.2 NAME	11900 Biscayne Blvd
STREET ADDRESS	NEW YORK NY	5.3 STREET ADDRESS	North Miami, FL 33181
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D SEIDEN, HENRY	6.1 TITLE	
NAME	1056 FIFTH AVENUE	6.2 NAME	
STREET ADDRESS	NEW YORK NY	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: _____ **2/4/98** **305-892-3306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)