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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P34206

1. Corporation Name
TRANSMEDIA NETWORK INC.



Principal Place of Business
 11900 BISCAYNE BLVD.
 SUITE 460
 MIAMI FL 33181
 US

Mailing Address
 11900 BISCAYNE BLVD.
 SUITE 460
 MIAMI FL 33181
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
06/05/1991

4. FEI Number
84-6028875

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 the current year Intangible Personal Property Tax. Yes No

9. 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

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, BARRY S	
STREET ADDRESS	3700 ISLAND BLVD	
CITY-ST-ZIP	WILLIAM ISLAND FL	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	CHASEN, MELVIN	
STREET ADDRESS	11900 BISCAYNE BLVD	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDNER, HERBERT M	
STREET ADDRESS	4 DARLEY RD	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AFRICK, JACK	
STREET ADDRESS	5780 BRIDLEWAY CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOCHBERG, IRWIN	
STREET ADDRESS	450 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEIDEN, HENRY	
STREET ADDRESS	1056 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chasen, Melvin	
1.3 STREET ADDRESS	11900 Biscayne Blvd	
1.4 CITY-ST-ZIP	North Miami, FL 33181	
2.1 TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Henderson, Gene	
2.3 STREET ADDRESS	11900 Biscayne Blvd	
2.4 CITY-ST-ZIP	North Miami, FL 33181	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Handy, Philip	
3.3 STREET ADDRESS	2 North Riverside Plaza	
3.4 CITY-ST-ZIP	Chicago, IL 60606	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dammeyer, Rod	
4.3 STREET ADDRESS	2 North Riverside Plaza	
4.4 CITY-ST-ZIP	Chicago, IL 60606	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wiedemann, George	
5.3 STREET ADDRESS	875 Third Avenue, 5th Floor	
5.4 CITY-ST-ZIP	New York, NY 10022	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wunderman, Lester	
6.3 STREET ADDRESS	900 Fifth Avenue	
6.4 CITY-ST-ZIP	New York, NY 10021	

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, with all other like empowered.

SIGNATURE: *Stephen P. Lerch* **STEPHEN P. LERCH** 3-10-99 305 892-3304
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

00002000

CR2E034 (1/98)