2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State
07-19-2007 90024 043 ***150.00

DOCUMENT # F03000000524

1. Entity Name
SOURCE MEDIA INC.

Principal Place of Business	Mailing Address
ONE STATE STREET, 27TH FLOOR NEW YORK, NY 10004	55 BROADWAY 10TH FLOOR NEW YORK, NY 10006

DO NOT WRITE IN THIS SPACE

07022007 No Chg-P CR2E034 (11/05)

4. FEI Number
82-0573550

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CFO
NAME	JOHNSTON, ~~WILLIAMS~~ WILLIAM
STREET ADDRESS	~~11 PENN PLAZA,17TH FLOOR~~ ONE STATE STREET, 27TH FL
CITY-ST-ZIP	NEW YORK, NY ~~1001~~ 10004
TITLE	PCEO
NAME	MALKIN, JAMES M
STREET ADDRESS	ONE STATE STREET,27TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	CTOP
NAME	SCOTT, JEFF
STREET ADDRESS	ONE STATE STREET,27TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	SVPO
NAME	BAUSSAN, CELIE
STREET ADDRESS	ONE STATE STREET,27TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	PBG
NAME	MORRIS, BRUCE
STREET ADDRESS	ONE STATE STREET,27TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	PSG
NAME	QUIGLEY, FRANK
STREET ADDRESS	ONE STATE STREET,27TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10004

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ WILLIAM JOHNSTON 7/11/07 (212) 803-8906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #