2008 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # F0300000524 1. Entity Name SOURCE MEDIA INC.							90067 043 ***1	50.00
Principal Place of Business Mailing Address			<u> </u>	† գրսօ.	1000			
ONE STATE STREET, 27TH FLOOR NEW YORK, NY 10004		55 BROADWAY 10TH FLOOR NEW YORK, NY 10006		1 3 6 11 16 16 16 16 16 16 16 16 16 16 16 1	Idaba ilibi azili galik azil	I	\$(B(BB) (BB)	
2. Principal Pl	ace of Business - No P.O. Box #	B. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282008	Chg-P	CR2E034 (12/0	6)
City & State		City & State			4. FEI Numbe 82-0573			Applied For Not Applicable
Zip	Country	Zip			1	of Status Desired	Fee Requ	Additional iired
	6. Name and Address of Current Re	gistered Agent		Name	7. Name and	Address of New R	legistered Agent	
CORPORATION SERVICE COMPANY				Name				
1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip C	ode
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 reinstaling) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					5.00 May Be ded to Fees			
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11
TITLE			TITLE				Chan	ge 🗌 Addition
NAME CYDECT ADDRESS	· · · · · · · · · · · · · · · · · · ·		NAM	1				
STREET ADDRESS CITY-ST-ZIP	•			ET ADDRESS - ST- ZIP				
TITLE	PCEO Delete IIII		F			☐ Chan	ge 🔲 Addition	
NAME	MALKIN, JAMES M	2000	NAM	l				,-
STREET ADDRESS	ONE STATE STREET,27TH FLOO	R		ET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10004		CITY	-ST-ZIP				····
TITLE NAME	CTOP SCOTT, JEFF	☐ Delete	TITLE NAM				Chan	ge 🔲 Addition
STREET ADDRESS	ONE STATE STREET,27TH FLOC	R		ET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10004			- ST - ZIP				
TITLE	SVPO	🔀 Delete	TITLI	E			☐ Chan	ge 🔲 Addition
NAME	BAUSSAN, CELIE	_	NAM					
STREET ADDRESS CITY-ST-ZIP	ONE STATE STREET,27TH FLOC NEW YORK, NY 10004	iK .		EET ADDRESS '-ST-ZIP				
TITLE	PBG	⊠ Delete	TITL		4-4.2		Chan	ge Addition
NAME	MORRIS, BRUCE	-4 00000	NAM					-
STREET ADDRESS	ONE STATE STREET,27TH FLOO	R		EET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10004		-1	'-ST-ZIP				
TITLE	PSG EDANK	Defete	TITL	j.			☐ Chan	ge 🗌 Addition
NAME STREET ADDRESS	QUIGLEY, FRANK ONE STATE STREET,27TH FLOC	R	NAM S1RE	EET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10004			-ST-ZIP				
12. Thereby 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								

Indepty certify mat the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Turther 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 feceiver or trusted 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 attactment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/08 Date

Daytime Phone #