## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000000524

Entity Name: SOURCE MEDIA INC.

FILED Mar 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** ONE STATE STREET, 27TH FLOOR NEW YORK, NY 10004 **Current Mailing Address: New Mailing Address:** 55 BROADWAY ONE STATE STREET 10TH FLOOR 26TH FLOOR NEW YORK, NY 10006 NEW YORK, NY 10004 FEI Number: 82-0573550 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition JOHNSTON, WILLIAM Name: Name: 11 PENN PLAZA,17TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 1001 City-St-Zip: PCEO Title: Title: () Delete () Change () Addition Name: MALKIN, JAMES M. Name: ONE STATE STREET, 27TH FLOOR Address: Address: NEW YORK, NY 10004 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition CTOP ( ) Delete SVPF SCOTT, JEFF ANTONECK, RICHARD Name: Name: ONE STATE STREET,27TH FLOOR ONE STATE STREET 27TH FLOOR Address: Address: NEW YORK, NY 10004 City-St-Zip: NEW YORK, NY 10004 City-St-Zip: ( ) Delete Title: SVPO Title: **EVP** (X) Change ( ) Addition BAUSSAN, CELIE MANONI, DOUGLAS Name: Name: Address: ONE STATE STREET,27TH FLOOR Address: ONE STATE STREET,27TH FLOOR City-St-Zip: City-St-Zip: NEW YORK, NY 10004 NEW YORK, NY 10004 Title: PBG (X) Delete Title: () Change () Addition MORRIS, BRUCE Name: Name: ONE STATE STREET.27TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10004 City-St-Zip: Title: **PSG** (X) Delete Title: () Change () Addition QUIGLEY, FRANK Name: Name: ONE STATE STREET, 27TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10004 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD ANTONECK SVPF 03/12/2009