

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004255 (4)

1. Corporation Name

MOBILEMEDIA COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

65 CHALLENGER RD
RIDGEFIELD PARK NJ 07680
0

65 CHALLENGER RD
RIDGEFIELD PARK NJ 07680
0

3. Date Incorporated or Qualified **09/01/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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4. FEI Number **22-3379712** Applied For Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEALEY, JOHN M	1.2 NAME	Kenneth R. McVay
STREET ADDRESS	65 CHALLENGER RD	1.3 STREET ADDRESS	65 Challenger Rd
CITY-ST-ZIP	RIDGEFIELD PARK NJ 07680	1.4 CITY-ST-ZIP	Ridgefield Park, NJ 07660
TITLE	COO <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEALEY, JOHN M	2.2 NAME	Kevin T. Shea
STREET ADDRESS	65 CHALLENGER RD	2.3 STREET ADDRESS	65 Challenger Rd.
CITY-ST-ZIP	RIDGEFIELD PARK NJ 07680	2.4 CITY-ST-ZIP	Ridgefield Park, NJ 07660
TITLE	DCEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RORKE, GREGORY	3.2 NAME	
STREET ADDRESS	65 CHALLENGER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD PARK NJ 07680	3.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTSMAN, SANTO J	4.2 NAME	
STREET ADDRESS	65 CHALLENGER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD PARK NJ 07680	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDETTE, H. STEPHEN	5.2 NAME	
STREET ADDRESS	65 CHALLENGER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD PARK NJ 07680	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLODER, RODOLFO	6.2 NAME	
STREET ADDRESS	65 CHALLENGER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD PARK NJ 07680	6.4 CITY-ST-ZIP	

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*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth R. McVay Kenneth R. McVay

1/30/96

201 440-8400

CR2E034 (12/95)

2/29/96