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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 # **F95000004255**

1. Corporation Name
MOBILEMEDIA COMMUNICATIONS, INC.

Principal Place of Business

ONE EXECUTIVE DRIVE
 SUITE 500
 FORT LEE NJ 07024
 0

Mailing Address

ONE EXECUTIVE DRIVE
 SUITE 500
 FORT LEE NJ 07024
 0



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1995

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCR DELETE

NAME BONDI, JOSEPH A
 STREET ADDRESS ONE EXECUTIVE DRIVE, SUITE 500
 CITY-ST-ZIP FORT LEE NJ 07024

TITLE PCEO DELETE

NAME GRAWERT, RONALD R
 STREET ADDRESS ONE EXECUTIVE DRIVE, SUITE 500
 CITY-ST-ZIP FORT LEE NJ 07024

TITLE SVCF DELETE

NAME GIBSON, DAVID R
 STREET ADDRESS ONE EXECUTIVE DRIVE, SUITE 500
 CITY-ST-ZIP FORT LEE NJ 07024

TITLE VPS DELETE

NAME GRAY, PATRICIA A
 STREET ADDRESS ONE EXECUTIVE DRIVE, SUITE 500
 CITY-ST-ZIP FORT LEE NJ 07024

TITLE T DELETE

NAME PASCUCCI, JAMES M
 STREET ADDRESS ONE EXECUTIVE DRIVE, SUITE 500
 CITY-ST-ZIP FORT LEE NJ 07024

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VICE PRESIDENT/CONTROLLER
 YITO PANZELLA
 ONE EXECUTIVE DRIVE SUITE 500
 FORT LEE, NJ 07024

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: *James M. Pascucci*

CR2E034 (11/98)