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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # **P30570**

(6)

TRAVEL AGENT MAGAZINE, A DIVISION OF UNIVERSAL M EDIA, INC.

ATTN: DAVID BERNSTEIN BOI SECOND AVENUE, 19TH FLOOR NEW YORK NY 10017

Principal Place of Business

Mailing Address

ATTN: DAVID BERNSTEIN 801 SECOND AVENUE. 19TH FLOOR NEW YORK NY 10017



NEW COMM WITHOUT		NEW FORK IN 10017			3. Date incorporated or Qualified 08/16/1990	3a. Date of Last Report 03/28/1995				
2. Principal Pl	pat Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	1	Applied For	
21	26					13-3577291			Not Applicable	
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.							\$8.	75 Additional	
22	27					5. Certificate of Status Desired			e Required	
City & State	City & State City & State					6. Election Campaign Financing			.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees				
Zφ	Country	Zip	Cou	Country		8. This corporation has liability for i	ntanoible tax			
24	25 29 30			Florida Statutes Yes No			0 .55.552,			
	9. Name and Address of Curre	nt Registered Agent		Γ		10. Name and Address of New R	egistered A	gent		
			,,	81	Name					
THE PRENTICE-HALL CORPORATION SYSTEM, INC.										
1201 HAYS STREET				82	82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE				83	83					
	HASSEE FL 32301									
IALUA	MOSEE PL 32301			84	City		— 1	85	Zip Code	
de Distriction							<u>FL</u>			
familiar wi	red agent, or both, in the State of Flor th, and accept the obligations of, Sec	noa. Such change was authori	zea by the c	corp	oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of char vintment as i	nging n register	is registered office red agent. I am	
SIGNATURE	Signature, typed or printed name of registered ages	dia vilitile dia colcabio (N	Mik Bernstare t	Acer	I dignatura reconso	d when reinstating)	DATE			
12.		ND DIRECTORS	13.		r signature require	ADDITIONS/CHANGES TO OFFI		DIDEO	TODO IN 10	
TILLE	P	DELETE	1.11	IT) F		ADDITIONS/CHANGES TO OFFI		Chang		
NAME	CHEW, BRUCE A		- 1					1 Onesig	e [] Addition	
STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS							
	NEW YORK NY 10017		i							
CITY-ST-ZIE TITLE	T TORK N1 10017	☐ DELETE	1.4 CI		T - ZIP			1.0		
	DEDNOTEN DAVED	☐ neces	2 1 1				L] Chang	e 🔲 Addition	
NAME	BERNSTEIN, DAVID			2.2 NAME						
STREET ADDRESS	801 SECOND AVENUE		2 3 STREET ADDRES		ADDRESS					
CITY - ST - ZIP	NEW YORK NY		2 4 CI		T-ZIP					
TITLE	CD	DELETE	3 1]	ITLE] Chang	e 🔲 Addition	
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STREET ADDRESS			33 S	TREET	ADDRESS					
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NAME			4.2 NA	AME						
STREET ADDRESS	<u> </u>		43 ST	REET	ADDRESS					
CITY - S1 - ZIP	l		4.4 C)	1Y - S	T-ZIP					
11°LF		DELETE			·] Chang	e 🔲 Addition	
NAME			5.2 NA	3MA						
STREET ADDRESS					ADDRESS					
CHY ST-ZF										
TITLE				5 4 CITY - ST - ZIP 6. 1 TITLE) Chang	e Addition	
NAME		•	6.2 NA				L.	, orang	- I Hadrigh	
STREET ADDRESS					ADDRESS					
			1							
City St. Zip	I		6.4.CI	1Y - S	1 - ZIP					

14. I do hereby cert fy 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 angual 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 comporation or the receiver or trusted impowered 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 any safess.

SIGNATURE: 次

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

33/96

(212) 986-5100

CR2F034 (12/9