

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 # F94000001809 (2)

1. Corporation Name

MOVIEFONE, INC.

Principal Place of Business

4 WORLD TRADE CENTER  
SUITE 5132  
NEW YORK NY 10048

Mailing Address

4 WORLD TRADE CENTER  
SUITE 5132  
NEW YORK NY 10048



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

3. Date Incorporated or Qualified

04/08/1994

3a. Date of Last Report

10/30/1995

4. FEI Number

13-3757816

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

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 his or her address

Signature, typed or printed name of registered agent and his or her address

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D JARECKI, HENRY G  
STREET ADDRESS  
TIMBER TRAIL  
CITY-STATE-ZIP  
RYE NY 10580

TITLE ☐ DELETE

NAME  
D JARECKI, ANDREW R  
STREET ADDRESS  
1088 PARK AVE.  
CITY-STATE-ZIP  
NEW YORK NY 10048

TITLE ☐ DELETE

NAME  
D SLUTSKY, ADAM H  
STREET ADDRESS  
34 LINDEN LANE  
CITY-STATE-ZIP  
BEDFORD CORNERS NY 10549

TITLE ☐ DELETE

NAME  
D LEATHERMAN, J. RUSSELL  
STREET ADDRESS  
4518 SIMPSON AVE.  
CITY-STATE-ZIP  
STUDIO CITY CA 91607

TITLE ☐ DELETE

NAME  
D KAPLAN, MARK N  
STREET ADDRESS  
146 CENTRAL PARK WEST  
CITY-STATE-ZIP  
NEW YORK NY 10023

TITLE ☐ DELETE

NAME  
D MCLAUGHLIN, GEORGE H  
STREET ADDRESS  
4 WORLD TRADE CENTER  
CITY-STATE-ZIP  
NEW YORK NY 10048

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

zipcode 10128

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

820 Glenmont Ave.  
Los Angeles, CA 91381

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 212-504-7557

CR2E034 (12/95)