

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 10048-0821**

3. Date Incorporated or Qualified **04/08/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 21 335 Madison Ave, 27th fl Suite, Apt. #, etc. 22 New York, NY City & State 23 Zip 24 10017 Country 25 USA	2a. Mailing Address 26 335 Madison Avenue Suite, Apt. #, etc. 27 27th floor City & State 28 New York, NY Zip 29 10017 Country 30 USA
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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

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D JARECKI, HENRY G TIMBER TRAIL RYE NY 10580	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D JARECKI, ANDREW R 1088 PARK AVE. NEW YORK NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D SLUTSKY, ADAM H 34 LINDEN LANE BEDFORD CORNERS NY 10549	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D LEATHERMAN, J. RUSSELL 820 GLENMONT AVENUE LOS ANGELES CA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D KAPLAN, MARK N 146 CENTRAL PARK WEST NEW YORK NY 10023	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D MCLAUGHLIN, GEORGE H 4 WORLD TRADE CENTER NEW YORK NY 10048	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	McLaughlin, George H. 335 Madison Ave, 27th floor New York, NY 10017

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)