

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
335 MADISON AVE. 27TH FL.
SUITE 5132
NEW YORK NY 10048
US

Mailing Address
335 MADISON AVE.
27TH FL
NEW YORK NY 10048
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1994	
21	Suite, Apt. #, etc. None	26	Suite, Apt. #, etc.	4. FEI Number 13-3757816	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip 10017	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip 10017	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
		85	Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARECKI, HENRY G	1.2 NAME	
STREET ADDRESS	TIMBER TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY 10580	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARECKI, ANDREW R	2.2 NAME	Jarecki, Andrew
STREET ADDRESS	1088 PARK AVE.	2.3 STREET ADDRESS	335 Madison Ave, 27th floor
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10017
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLUTSKY, ADAM H	3.2 NAME	
STREET ADDRESS	94 LINDEN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD CORNERS NY 10549	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEATHERMAN, J. RUSSELL	4.2 NAME	
STREET ADDRESS	820 GLENMONT AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, MARK N	5.2 NAME	
STREET ADDRESS	146 CENTRAL PARK WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, GEORGE H	6.2 NAME	
STREET ADDRESS	335 MADISON AVE. 27TH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. 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 previously in Block 13 if not changed.

SIGNATURE _____

CR2E034 (10/97)