


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 APR 15 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004812		
1. Entity Name TRANSMEDIA SERVICE COMPANY		

Principal Place of Business 11900 BISCAYNE BLVD. NORTH MIAMI, FL 33181	Mailing Address 11900 BISCAYNE BLVD. NORTH MIAMI, FL 33181
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2. Principal Place of Business 2 N. RIVERSIDE PLAZA Suite, Apt. #, etc. #950 City & State CHICAGO, IL Zip 60606 Country U.S.A.	3. Mailing Address 2 N. RIVERSIDE Suite, Apt. #, etc. #950 City & State CHICAGO, IL Zip 60606 Country U.S.A.
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04072004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0515254	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEDEMANN, GEORGE 11900 BISCAYNE BLVD. NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WIEDEMANN, GEORGE S. 2 N. RIVERSIDE PLAZA - #950 CHICAGO, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LERCH, STEPHEN E. 11900 BISCAYNE BLVD. NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D ADEL, BRYAN R. 2 N. RIVERSIDE PLAZA - #950 CHICAGO, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERARA, KATHRYN 11900 BISCAYNE BLVD. NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D POSNER, KENNETH R. 2 N. RIVERSIDE PLAZA - #950 CHICAGO, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BORGES, GREGORY 11900 BISCAYNE BLVD. NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000033723560 04/23/04--01023--019 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN R. ADEL (BRYAN R. ADEL) 4-13-04 312-521-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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