

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F94000004812

1. Entity Name
TRANSMEDIA SERVICE COMPANY



FILED

03 APR 18 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11900 BISCAYNE BLVD.
NORTH MIAMI FL 33181

Mailing Address
11900 BISCAYNE BLVD.
NORTH MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0515254

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME HENDERSON, GENE
STREET ADDRESS 11900 BISCAYNE BLVD.
CITY-ST-ZIP NORTH MIAMI FL 33181 ☒ Delete

TITLE D
NAME GEORGE WIEDEMANN
STREET ADDRESS 11900 BISCAYNE BLVD 4th Floor
CITY-ST-ZIP NORTH MIAMI, FL 33181 ☒ Change ☐ Addition

TITLE VD
NAME LERCH, STEPHEN E.
STREET ADDRESS 11900 BISCAYNE BLVD.
CITY-ST-ZIP NORTH MIAMI FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME FERARA, KATHRYN
STREET ADDRESS 11900 BISCAYNE BLVD.
CITY-ST-ZIP NORTH MIAMI FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME BORGES, GREGORY
STREET ADDRESS 11900 BISCAYNE BLVD.
CITY-ST-ZIP NORTH MIAMI FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY R. BORGES, TREAS.

4/14/03

Date

Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

2cel 2

ACCOUNT NO. : 072100000032

REFERENCE : 058541 4338892

AUTHORIZATION : *Patricia Pignato*

COST LIMIT : \$ ~~150.00~~ *138.75*

Per conversation w/ Sara Lea

ORDER DATE : April 18, 2003

ORDER TIME : 3:49 PM

ORDER NO. : 058541-010

CUSTOMER NO: 4338892

CUSTOMER: Mr. Gregory Borges
Idine Rewards Network, Inc.
11900 Biscayne Blvd.
Suite 460
Miami, FL 331812708

RECEIVED
03 APR 18 PM 4:34
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
PALM BEACH, FLORIDA

ANNUAL REPORT FILING

NAME: TRANSMEDIA SERVICE COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext.

EXAMINER'S INITIALS:

[Handwritten signature]