

F94000004812

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

REGISTERED AGENT CHANGE

TRANSMEDIA SERVICE COMPANY

Certificate of Status	0
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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Transmedia Service Company
2. The principal office address: 11900 Biscayne Boulevard, North Miami, Florida 33181
3. The mailing address (if different): _____
4. Date of incorporation/qualification: September 16, 1994 Document number: F94000004812
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, Florida 33181
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CT Corporation System
c/o CT Corporation System
(P.O. Box or personal mailbox NOT acceptable)
1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Bryan R. Adel, Vice President, General Counsel and Secretary
 (Signature of officer, chairman or vice chairman of the board) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

CT Corporation System

By: Quinn D. Schwartz 12/1/03
 (Signature of Registered Agent) (Date)
Quinn D. Schwartz, Asst. via president
 If signing on behalf of an entity.

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
 DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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