

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

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90064 014 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000004255

1. Corporation Name  
MOBILEMEDIA COMMUNICATIONS, INC.

Principal Place of Business

ONE EXECUTIVE DRIVE  
SUITE 500  
FORT LEE NJ 07024  
0

Mailing Address

ONE EXECUTIVE DRIVE  
SUITE 500  
FORT LEE NJ 07024  
0

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1995

4. FEI Number

22-3379712

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DCR	BONDI, JOSEPH A	ONE EXECUTIVE DRIVE, SUITE 500	FORT LEE NJ 07024	<input type="checkbox"/>
PCEO	GRAWERT, RONALD R	ONE EXECUTIVE DRIVE, SUITE 500	FORT LEE NJ 07024	<input type="checkbox"/>
SVCF	GIBSON, DAVID R	ONE EXECUTIVE DRIVE, SUITE 500	FORT LEE NJ 07024	<input type="checkbox"/>
VPS	GRAY, PATRICIA A	ONE EXECUTIVE DRIVE, SUITE 500	FORT LEE NJ 07024	<input type="checkbox"/>
T	PASCUCCI, JAMES M	ONE EXECUTIVE DRIVE, SUITE 500	FORT LEE NJ 07024	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>

VICE PRESIDENT/CONTROLLER  
YITO PANZELLA  
ONE EXECUTIVE DRIVE SUITE 500  
FORT LEE, NJ 07024

4. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNED AND REQUIRED

CR2E034 (11/98)