FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91464 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011319

1. Entity Name
SUPERMEDIA, INC.

Principal Place of Business	Mailing Address
[illegible]	[illegible]

XX CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
17230 W. Dixie Highway	17230 W. Dixie Highway
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: N. Miami, Florida	City & State: N. Miami, Florida
Zip: 33160 / Country:	Zip: 33160 / Country:

4. FEI Number: 22-3800205 — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
[illegible]	Name: Mark L. Pomeranz, Esquire
	Street Address (P.O. Box Number Is Not Acceptable): 12955 Biscayne Boulevard, Suite 202
	City: North Miami — FL — Zip Code: 33181

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] Mark L. Pomeranz, Reg. Agt. — 4/25/03
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	P	[ ] Delete	TITLE	XX Change [ ] Addition
NAME	PERCY, ARTHUR		NAME	
STREET ADDRESS	[illegible]		STREET ADDRESS	17230 W. Dixie Highway
CITY-ST-ZIP	[illegible]		CITY-ST-ZIP	North Miami, Florida 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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CR2E034 (10/02)

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] as Director Arthur Percy, as Director — 4/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #