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

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90124 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P13946

1. Corporation Name
TIME CUSTOMER SERVICE, INC.

Principal Place of Business
1 N DALE MABRY
TAMPA FL 33609
US

Mailing Address
1 N DALE MABRY
1271 AVENUE OF THE AMERICAS
TMAPA FL 33609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/07/1987

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
13-3388590
☐ Applied For
☐ Not Applicable

5. Certifcate 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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	MCCARTHY, ROBERT E.		1.2 NAME	Timothy Adams	
STREET ADDRESS	1271 AVE OF THE AMERICAS		1.3 STREET ADDRESS	1271 Avenue Of The Americas	
CITY-ST-ZIP	NEW YORK, NY.		1.4 CITY-ST-ZIP	New York, NY	
TITLE	AS	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	SHAPIRO, JACK R.		2.2 NAME	Andrew Bragg	
STREET ADDRESS	1271 AVE OF THE AMERICAS		2.3 STREET ADDRESS	1271 Avenue Of The Americas	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	New York, NY	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, LEN		3.2 NAME		
STREET ADDRESS	1271 AVE OF THE AMERICAS		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, JAMES M.		4.2 NAME		
STREET ADDRESS	1271 AVE OF THE AMERICAS		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDMAN, RICHARD I		5.2 NAME		
STREET ADDRESS	1271 AVE OF THE AMERICAS		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LONG, ELIZABETH V		6.2 NAME		
STREET ADDRESS	1271 AVENUE OF THE AMERICAS		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP		

14. 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 Andrew Bragg 4/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)