

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34206 (3)
1. Corporation Name
TRANSMEDIA NETWORK INC.



Principal Place of Business 11800 BISCAYNE BLVD. SUITE 460 MIAMI FL 33181 US	Mailing Address 11800 BISCAYNE BLVD. SUITE 460 MIAMI FL 33181 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/05/1991	4. FEI Number 84-6028875	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	DV NAME KAPLAN, BARRY S STREET ADDRESS 3700 ISLAND BLVD CITY-ST-ZIP WILLIAM ISLAND FL	1.1 TITLE	CP 1.2 NAME Melvin Chasen 1.3 STREET ADDRESS 11900 Biscayne Blvd. 1.4 CITY-ST-ZIP North Miami, FL 33181						
TITLE	D NAME MELVIN, A BARRY STREET ADDRESS 1555 NORTH ASTOR ST CITY-ST-ZIP CHICAGO IL	2.1 TITLE	DV 2.2 NAME James M. Callaghan 2.3 STREET ADDRESS 750 Lexington Ave 2.4 CITY-ST-ZIP New York, NY 10022						
TITLE	D NAME GARDNER, HERBERT M STREET ADDRESS 4 DARLEY RD CITY-ST-ZIP GREAT NECK NY	3.1 TITLE	V 3.2 NAME Stephen E. Lerch 3.3 STREET ADDRESS 11900 Biscayne Blvd. 3.4 CITY-ST-ZIP N Miami, FL 33181						
TITLE	D NAME AFRICK, JACK STREET ADDRESS 5780 BRIDLEWAY CIRCLE CITY-ST-ZIP BOCA RATON FL	4.1 TITLE	S 4.2 NAME Kathryn Ferara 4.3 STREET ADDRESS 11900 Biscayne Blvd 4.4 CITY-ST-ZIP North Miami, FL 33181						
TITLE	D NAME HOCHBERG, IRWIN STREET ADDRESS 450 SEVENTH AVENUE CITY-ST-ZIP NEW YORK NY	5.1 TITLE	T 5.2 NAME Gregory Borges 5.3 STREET ADDRESS 11900 Biscayne Blvd 5.4 CITY-ST-ZIP North Miami, FL 33181						
TITLE	D NAME SEIDEN, HENRY STREET ADDRESS 1056 FIFTH AVENUE CITY-ST-ZIP NEW YORK NY	6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		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.

SIGNATURE:  2/4/98 305-892-3306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)