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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P34206

1. Corporation Name

TRANSMEDIA NETWORK INC.

Principal Place of Business

**11900 BISCAYNE BLVD.
SUITE 460
MIAMI FL 33181
US**

Mailing Address

**11900 BISCAYNE BLVD.
SUITE 460
MIAMI FL 33181
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1991

4. FEI Number

84-6028875

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

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

12. OFFICERS AND DIRECTORS

TITLE **DV** ☒ DELETE

NAME **KAPLAN, BARRY S**
STREET ADDRESS **3700 ISLAND BLVD**
CITY-ST-ZIP **WILLIAM ISLAND FL**

TITLE **CP** ☐ DELETE

NAME **CHASEN, MELVIN**
STREET ADDRESS **11900 BISCAYNE BLVD**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE **D** ☐ DELETE

NAME **GARDNER, HERBERT M**
STREET ADDRESS **4 DARLEY RD**
CITY-ST-ZIP **GREAT NECK NY**

TITLE **D** ☐ DELETE

NAME **AFRICK, JACK**
STREET ADDRESS **5780 BRIDLEWAY CIRCLE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☒ DELETE

NAME **HOCHBERG, IRWIN**
STREET ADDRESS **450 SEVENTH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☒ DELETE

NAME **SEIDEN, HENRY**
STREET ADDRESS **1056 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **Chasen, Melvin**
1.3 STREET ADDRESS **11900 Biscayne Blvd**
1.4 CITY-ST-ZIP **North Miami, FL 33181**

2.1 TITLE **CP** ☐ Change ☒ Addition

2.2 NAME **Henderson, Gene**
2.3 STREET ADDRESS **11900 Biscayne Blvd**
2.4 CITY-ST-ZIP **North Miami, FL 33181**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Handy, Philip**
3.3 STREET ADDRESS **2 North Riverside Plaza**
3.4 CITY-ST-ZIP **Chicago, IL 60606**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Dammeyer, Rod**
4.3 STREET ADDRESS **2 North Riverside Plaza**
4.4 CITY-ST-ZIP **Chicago, IL 60606**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **Wiedemann, George**
5.3 STREET ADDRESS **875 Third Avenue, 5th Floor**
5.4 CITY-ST-ZIP **New York, NY 10022**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Wunderman, Lester**
6.3 STREET ADDRESS **900 Fifth Avenue**
6.4 CITY-ST-ZIP **New York, NY 10021**

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:

STEPHEN P. LERCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-99 305 892-3304

CR2E034 (11/98)