

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34206

1. Entity Name

TRANSMEDIA NETWORK INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90310 048 ***150.00

Principal Place of Business

11900 BISCAYNE BLVD.
SUITE 460
MIAMI FL 33181
US

Mailing Address

11900 BISCAYNE BLVD.
SUITE 460
MIAMI FL 33181-2753
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-6028875

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME CHASEN, MELVIN
STREET ADDRESS 11900 BISCAYNE BLVD.
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE P ☐ Change ☒ Addition
NAME GENE HENDERSON
STREET ADDRESS 11900 BISCAYNE BLVD.
CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE CP ☒ Delete
NAME CHASEN, MELVIN
STREET ADDRESS 11900 BISCAYNE BLVD
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE V ☐ Change ☒ Addition
NAME LERCH, STEPHEN
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 S ☐ Change ☒ Addition
NAME FERARA, KATHRYN
STREET ADDRESS 11900 BISCAYNE BLVD
CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE D ☒ Delete
NAME AFRICK, JACK
STREET ADDRESS 5780 BRIDLEWAY CIRCLE
CITY-ST-ZIP BOCA RATON FL

TITLE T ☐ Change ☒ Addition
NAME BORGES, GREGORY
STREET ADDRESS 11900 BISCAYNE BLVD
CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE D ☐ Delete
NAME WIEDEMANN, GEORGE
STREET ADDRESS 875 THIRD AVENUE, 5TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WUNDERMAN, LESTER
STREET ADDRESS 900 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY 10021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #