FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076369 (5)

1. Corporation Name

TRANSMEDIA WIRELESS SERVICES, INC.

Principal Place of Business	Mailing Address
6001 BROKEN SOUND PKWY NW SUITE 414 BOCA RATON FL 33487	6001 BROKEN SOUND PKWY NW SUITE 414 BOCA RATON FL 33487

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 5323 LAKEWORTH R.D.
22 Suite, Apt. #, etc.
23 City & State: GREENACRES, FL
24 Zip: 33463
25 Country: USA

2a. Mailing Address
26 5323 LAKEWORTH RD
27 Suite, Apt. #, etc.
28 City & State: GREENACRES, FL
29 Zip: 33463
30 Country: USA

4. FEI Number: 65-0534111 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MADDEN, THOMAS
% TRANSMEDIA
5323 LAKE WORTH RD
LAKE WORHT FL 33463

10. Name and Address of New Registered Agent

81 Name: VINCENT di FONZO
82 Street Address (P.O. Box Number is Not Acceptable): 5323 LAKE WORTH RD.
83
84 City: GREENACRES FL 85 Zip Code: 33463

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: Vincent diFonzo
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MADDEN, THOMAS 6001 BROKEN SOUND PKWY NW SUITE 414 BOCA RATON FL 33487	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT, VINCENT di FONZO 5323 LAKE WORTH RD. GREENACRES, FL USA 33463	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT STEPHEN LANG 5323 LAKEWORTH RD. GREENACRES, FL USA 33463	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY/TREASURER CATHY FERGUSON 5323 LAKEWORTH RD. GREENACRES, FL USA 33468	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Vincent diFonzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407 357 9100
Daytime Phone #

VINCENT di Fonzo Pres