

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

FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000076369 (5)

1. Corporation Name  
**TRANSMEDIA WIRELESS SERVICES, INC.**

Principal Place of Business

5323 LAKEWORTH RD.  
GREENACRES FL 33463  
US

Mailing Address

5323 LAKEWORTH RD.  
GREENACRES FL 33463-3353  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1994		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0534111		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DI FONZO, VINCENT 5323 LAKEWORTH RD. GREENACRES FL 33463				81. Name DIANE MAGNANO			
				82. Street Address (P.O. Box Number is Not Acceptable) 5323 LAKEWORTH ROAD			
				83. City			
				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 Diane Magnano  
Signature, typed or printed name of registered agent, and file, applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input checked="" type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME DI FONZO, VINCENT				1.2 NAME DIANE MAGNANO			
STREET ADDRESS 5323 LAKEWORTH RD.				1.3 STREET ADDRESS 5323 LAKEWORTH ROAD			
CITY-ST-ZIP GREENACRES FL				1.4 CITY-ST-ZIP GREENACRES, FL 33463			
TITLE <input checked="" type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME LANG, STEPHEN				2.2 NAME			
STREET ADDRESS 5323 LAKEWORTH RD.				2.3 STREET ADDRESS			
CITY-ST-ZIP GREENACRES FL				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME FERGUSON, CATHY				3.2 NAME			
STREET ADDRESS 5323 LAKEWORTH RD.				3.3 STREET ADDRESS			
CITY-ST-ZIP GREENACRES FL				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 Cathy Ferguson 4/22/97 (0501)489-6552

CR2E034 (9/96)