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

FILED Mar 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham P ÄNNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000030371 (3) **DOCUMENT #** TRANSMEDIA PUBLISHING, INC. Mailing Address Principal Place of Business 6001 BROKEN SOUND PKY., NW 6001 BROKEN SOUND PKY.. NW **BOCA RATON FL 33487 BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0745563 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Suite 414 Fee Required Suite 414 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes or has paid the current year Intangible Y Yes Personal Property Tax due June 30. 29 30 24 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name - CORPORATION SERVICE COMPANY-Thomas J. Madden Street Address (P.O. Box Number is Not Acceptable) 6001 Broken Sound Parkway -1201 HAYS-STREET -**B2** N.W.- TALLAHASSEE FL-32301-2525 - 83 Suite 414 Zip Cou. 33487 City Boca Raton s of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered at 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 and accept the opposition 607.0505, Florida Statutes. Pursuant to the provisions of Sections 607.05 office or registered agont, or both, in the Stragent. Lamy amiliar with, and accept the office. Thomas J. Madden SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 EICERS AND DIRECTORS 12. 13. Vice AND CHAIRMAN PRESTDEM DELETE Change Addition 1.1 TITLE THOMAS J. MADDEN 1.2 NAME NAME 3610 S. Ocean Blue #307 1.3 STREET ADDRESS STREET ADDRESS S, RIMBERCH FL 33480 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE VICE PRESIDENT 2.1 TITLE NICK PALIN 22 NAME NAME 851 BROKEN SOUND PKWY NW 23 STREET ADDRESS STREET ADDRESS BOLD RATON, FL 33487 2. 4 City-St-ZiP CITY-ST-ZIP Addition DELETE Change 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZiP CITY-ST-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS

64 CITY-ST-ZIP

lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information importal annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an increceiver or trystee ephoptered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

3-4-98

CITY-ST-ZIP

 I hereby certify that the information sup-indicated on this annual report or sup-officer or director of the comporation or Block 12 or Block 13 if char