

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

FILED

**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000000697 (0)

1. Corporation Name
K-III MAGAZINE CORPORATION



Principal Place of Business
**745 5TH AVE.
NEW YORK NY 10151**

Mailing Address
**745 5TH AVE.
NEW YORK NY 10151-0099**

3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report
4. FEI Number 13-3616344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					10. Name and Address of New Registered Agent				
81. Name					82. Street Address (P.O. Box Number is Not Acceptable)				
83.					84. City				
					85. Zip Code FL				

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REILLY, WILLIAM F		1.2 NAME	
STREET ADDRESS 26 SHINNECOCK RD.		1.3 STREET ADDRESS	
CITY - ST - ZIP QUOGUE NY 11959		1.4 CITY - ST - ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCQUILLEN, HARRY A		2.2 NAME	
STREET ADDRESS 95 BROOKSIDE RD.		2.3 STREET ADDRESS	
CITY - ST - ZIP DARIEN CT 06820		2.4 CITY - ST - ZIP	
TITLE VCFO	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JENKINS, LINDA		3.2 NAME	
STREET ADDRESS 21 ROLAND RD.		3.3 STREET ADDRESS	
CITY - ST - ZIP IRVINGTON NY 10533		3.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BECKWITH, BRIAN T		4.2 NAME	
STREET ADDRESS 135 BELLVIEW AVE.		4.3 STREET ADDRESS	
CITY - ST - ZIP UPPER MONTCLAIR NJ 07043		4.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCURDY, CHARLES G		5.2 NAME	
STREET ADDRESS 1158 5TH AVE.		5.3 STREET ADDRESS	
CITY - ST - ZIP NEW YORK NY 10029		5.4 CITY - ST - ZIP	
TITLE VS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHELL, BEVERLY C		6.2 NAME	
STREET ADDRESS 21 BLUEWATER HILL		6.3 STREET ADDRESS	
CITY - ST - ZIP WESTPORT CT 06880		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: *Linda Jenkins* **REQUIRED** Date: **2/19/97** Daytime Phone #: **(212) 745-0000**

CR2E034 (9/96)