

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

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3616344	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	1.1 TITLE	
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	2.1 TITLE	President
NAME	MCOUILLEN, HARRY A	2.2 NAME	Warner, James
STREET ADDRESS	95 BROOKSIDE RD.	2.3 STREET ADDRESS	3 Fountain Square
CITY-ST-ZIP	DARIEN CT 06820	2.4 CITY-ST-ZIP	Larchmont, NY 10538
TITLE	VCFO	3.1 TITLE	
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	4.1 TITLE	Chief Operating Officer
NAME	BECKWITH, BRIAN T	4.2 NAME	Siegel, Charles
STREET ADDRESS	135 BELLVIEW AVE.	4.3 STREET ADDRESS	766 Rolling Hill Drive
CITY-ST-ZIP	UPPER MONTCLAIR NJ 07043	4.4 CITY-ST-ZIP	Rivervale, NJ 07675
TITLE	V	5.1 TITLE	
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	6.1 TITLE	
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 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

Sandra Mortham

11/21/98

CF2E034 (10/97)