

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**  
 08-25-1999 90001 048 \*\*\*550.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **F96000000697**

1. Corporation Name  
**PRIMEDIA MAGAZINES INC.**

609251 - 90001 - 78



Principal Place of Business Mailing Address  
**745 5TH AVE. NEW YORK NY 10151** **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 <b>02/12/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-3616344</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	<b>DC</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REILLY, WILLIAM F</b>	1.2 NAME	
STREET ADDRESS	<b>26 SHINNECOCK RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>QUOGUE NY 11959</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARNER, JAMES</b>	2.2 NAME	<b>David Tanzer</b>
STREET ADDRESS	<b>3 FOUNTAIN SQUARE</b>	2.3 STREET ADDRESS	<b>12A Cooper Road</b>
CITY-ST-ZIP	<b>LARCHMONT NY 10538</b>	2.4 CITY-ST-ZIP	<b>Scarsdale, NY 10583</b>
TITLE	<b>VCFO</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENKINS, LINDA</b>	3.2 NAME	
STREET ADDRESS	<b>21 ROLAND RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVINGTON NY 10533</b>	3.4 CITY-ST-ZIP	
TITLE	<b>COO</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGEL, CHARLES</b>	4.2 NAME	<b>Daniel Aks</b>
STREET ADDRESS	<b>766 ROLLING HILL DR</b>	4.3 STREET ADDRESS	<b>10 Crest Road</b>
CITY-ST-ZIP	<b>RIVERVALE NJ 07675</b>	4.4 CITY-ST-ZIP	<b>East Brunswick, NJ 08816</b>
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCURDY, CHARLES G</b>	5.2 NAME	
STREET ADDRESS	<b>1158 5TH AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10029</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VS</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHELL, BEVERLY C</b>	6.2 NAME	
STREET ADDRESS	<b>21 BLUEWATER HILL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTPORT CT 06880</b>	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.

SIGNATURE: *[Signature]* **L. Jenkins**

CR2E034 (5/99)