


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90004 013 \*\*\*550.00

**DOCUMENT # F03000005377**

1. Entity Name  
**PRIMEDIA MAGAZINES, INC.**



Principal Place of Business  
**200 MADISON AVENUE  
 NEW YORK, NY 10016**

Mailing Address  
**C/O PRIMEDIA INC.  
 745 FIFTH AVENUE  
 NEW YORK, NY 10151**

**54072088**

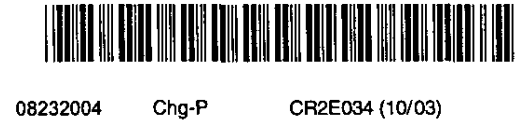
2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**6405 Flank Drive**  
 Suite, Apt. #, etc.

City & State  
**Harrisburg PA**

Zip  
**17112**

Country  
**USA**



5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

4. FEI Number  
**13-3616344**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MCCURDY, CHARLES G 1158 FIFTH AVENUE NEW YORK, NY 10029	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHELL, BEVERLY C 125 CORY'S LANE PORTSMOUTH, RI 02871	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FLYNN, MATTHEW 53 JOYCE ROAD HARTSDALE, NY 10530	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO FERM, DAVID 1 YARMOUTH ROAD ROWAYTON, CT 06853	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO KIRCHOFF, DAVID P 5 SEAGATE ROAD DARIEN, CT 06820	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DISCEPOLO, MICHAELANNE C 46 WOLF HILL ROAD MELVILLE, NY 11747	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO Kelly P. Conlin 48 Buckingham Street Cambridge, MA 02138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Dean B. Nelson 745 Fifth Avenue New York, NY 10151	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Kevin Neary 260 Madison Ave. New York, NY 10016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *B. C. Chell* **8/2/04 (212) 745-0101**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

**PRIMEDIA**

Consumer Media  
Magazine Group  
The Integrated Experience

54072088  
# F03000005377

**MEMO**

August 23, 2004

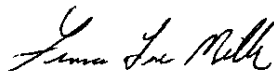
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed you will find the completed and executed 2004 Profit Annual Report and our check in the amount of \$550.00 to cover the filing fee for Primedia Magazines Inc., in the State of Florida.

If there are any problems with this submission or you have any questions, please contact me by phone at 717-671-4372 or by email at [Fiona.Line-Miller@primedia.com](mailto:Fiona.Line-Miller@primedia.com).

Sincerely,



Fiona Line-Miller  
Tax Manager