


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90201 033 \*\*\*150.00

DOCUMENT # F03000005377 1. Entity Name PRIMEDIA MAGAZINES, INC.	
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Principal Place of Business 200 MADISON AVENUE NEW YORK, NY 10016	Mailing Address 6405 FLANK DRIVE HARRISBURG, PA 17112
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**DO NOT WRITE IN THIS SPACE**

**14005118**



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3616344	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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 CONLIN, KELLY P 48 BUCKINGHAM STREET CAMBRIDGE, MA 02138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHELL, BEVERLY C 125 CORY'S LANE PORTSMOUTH, RI 02871
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FLYNN, MATTHEW 53 JOYCE ROAD HARTSDALE, NY 10530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NELSON, DEAN B 745 FIFTH AVENUE NEW YORK, NY 10151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NEARY, KEVIN 260 MADISON AVE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DISCEPOLO, MICHAELANNE C 46 WOLF HILL ROAD MELVILLE, NY 11747

**DO NOT WRITE IN THIS SPACE**

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:  **4/25/05** **212 745 0161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #