


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90182 033 ***150.00

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1. Entity Name
PRIMEDIA MAGAZINES, INC.



Principal Place of Business Mailing Address

**200 MADISON AVENUE
 NEW YORK, NY 10016** **6405 FLANK DRIVE
 HARRISBURG, PA 17112**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

4182006 Chg-P CR2E034 (11/05)

4. FEI Number
13-3616344 Applied For
 Not Applicable

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

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: _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCEO	CONLIN, KELLY P <input checked="" type="checkbox"/> Delete	TITLE PCEO	Dean Nelson <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 48 BUCKINGHAM STREET	CAMBRIDGE, MA 02138	STREET ADDRESS 745 5th Avenue	NEW YORK, NY 10151
TITLE SD	CHELL, BEVERLY C <input checked="" type="checkbox"/> Delete	TITLE Sec.	Christopher Fraser <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 125 CORY'S LANE	PORTSMOUTH, RI 02871	STREET ADDRESS 745 5th Avenue	NEW YORK, NY 10151
TITLE VT	FLYNN, MATTHEW <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 53 JOYCE ROAD	HARTSDALE, NY 10530	STREET ADDRESS	
TITLE CD	NELSON, DEAN B <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 745 FIFTH AVENUE	NEW YORK, NY 10151	STREET ADDRESS	
TITLE CFO	NEARY, KEVIN <input checked="" type="checkbox"/> Delete	TITLE CFO	Beverly C. Chell <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 260 MADISON AVE	NEW YORK, NY 10016	STREET ADDRESS 745 5th Avenue	NEW YORK, NY 10151
TITLE V	DISCEPOLO, MICHAELANNE C <input checked="" type="checkbox"/> Delete	TITLE VP/HR	Michaelanne C. Discepolo <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 46 WOLF HILL ROAD	MELVILLE, NY 11747	STREET ADDRESS 745 5th Avenue	NEW YORK, NY 10151

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Christopher Fraser Date: 4/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

40070344

