

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 02, 2000 8:00 am**  
**Secretary of State**  
 08-02-2000 90152 022 \*\*\*550.00



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

PROFIT CORPORATION ANNUAL REPORT

2000

DOCUMENT # F96000000697

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



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	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/12/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		13-3616344	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
10. Name and Address of New Registered Agent				85 Zip Code	
				FL	

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

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

(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	P
NAME	WARNER, JAMES	2.2 NAME	David Tanzer
STREET ADDRESS	3 FOUNTAIN SQUARE	2.3 STREET ADDRESS	12A-Cooper Road
CITY-ST-ZIP	LARCHMONT NY 10538	2.4 CITY-ST-ZIP	Scarsdale, NY 10583
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	COO	4.1 TITLE	COO
NAME	SIEGEL, CHARLES	4.2 NAME	Daniel Aks
STREET ADDRESS	766 ROLLING HILL DR	4.3 STREET ADDRESS	10 Crest Road
CITY-ST-ZIP	RIVERVALE NJ 07675	4.4 CITY-ST-ZIP	East Brunswick, NJ 08816
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	

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

*William F. Reilly* *L. Jenkins*

CR2E034 (5/99)