

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90239 009 ***150.00

0012417

DOCUMENT # F99000000274

1. Entity Name

PRIMEDIA SPECIAL INTEREST PUBLICATIONS INC.

Principal Place of Business

Mailing Address

2700 S. KANNER HWY.
 STUART FL 34994
 US

2700 S. KANNER HWY.
 STUART FL 34994
 US

2. Principal Place of Business

3. Mailing Address

745 Fifth Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
New York, NY

4. FEI Number

52-1654079

Applied For

Not Applicable

Zip

Country

Zip

Country

10151

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	ROGERS, THOMAS S	
STREET ADDRESS	48 BILTMORE AVENUE	
CITY-ST-ZIP	RYE NY 10580	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CHELL, BEVERLY C	
STREET ADDRESS	21 BLUEWATER HILL	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCURDY, CHARLES G	
STREET ADDRESS	1158 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10029	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLODNY, MARK	
STREET ADDRESS	59 EAST 92ND STREET	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DISCEPLO, MICHAEL C	
STREET ADDRESS	46 WOLF HILL ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAGGIO, DOMENIC	
STREET ADDRESS	4 MARTINE AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10606	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01
 Date

Daytime Phone # _____

CR2E034 (10/00)