


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90023 045 ***150.00

DOCUMENT # F99000000274					
1. Entity Name PRIMEDIA SPECIAL INTEREST PUBLICATIONS INC.					
Principal Place of Business 745 FIFTH AVENUE NEW YORK, NY 10151 US			Mailing Address 745 FIFTH AVENUE NEW YORK, NY 10151 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1654079	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHELL, BEVERLY C		NAME		
STREET ADDRESS	21 BLUEWATER HILL		STREET ADDRESS		
CITY-ST-ZIP	WESTPORT, CT 06880		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Kelly Conlin - CEO <input checked="" type="checkbox"/> Addition	
NAME	MCCURDY, CHARLES G		NAME	48 Buckingham St	
STREET ADDRESS	1158 FIFTH AVENUE		STREET ADDRESS	Cambridge MA 02138	
CITY-ST-ZIP	NEW YORK, NY 10029		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLODNY, MARK		NAME	Dean Nelson	
STREET ADDRESS	59 EAST 92ND STREET		STREET ADDRESS	745 Fifth Ave	
CITY-ST-ZIP	NEW YORK, NY 10128		CITY-ST-ZIP	New York NY 10151	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Daniel Akg COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DISCEPLO, MICHAEL C		NAME	10 Crest Road	
STREET ADDRESS	46 WOLF HILL ROAD		STREET ADDRESS	East Brunswick NJ 08816	
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Christopher A Fraser <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAGGIO, DOMENIC		NAME	SVP	
STREET ADDRESS	4 MARTINE AVENUE		STREET ADDRESS	729 Hyslip Ave	
CITY-ST-ZIP	WHITE PLAINS, NY 10606		CITY-ST-ZIP	Westfield NJ 07090	
TITLE	Executive	<input type="checkbox"/> Delete	TITLE	Thomas Savoca VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	De		NAME	47 Circle Drive	
STREET ADDRESS			STREET ADDRESS	Ridgefield CT 06877	
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			Date: 1/23/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # _____		