

9/3/2003-90022-001-\$150.00-\$150.00


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 23 AM 9:51

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

90153877



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
52-1654079

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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 computer name of registered agent and title if applicable. (NOTE: Registered Agent's signature required unless otherwise indicated)

FILE NOW WITH FEES \$160.00
 Annual May 2003 Fee will be \$50.00
 Annual UBR is \$61.25
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DC ROGERS, THOMAS S 48 BILTMORE AVENUE RYE, NY 10580 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS CHELL, BEVERLY C 21 BLUEWATER HILL WESTPORT, CT 06880 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MCCURDY, CHARLES G 1168 FIFTH AVENUE NEW YORK, NY 10029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP COLODNY, MARK 59 EAST 92ND STREET NEW YORK, NY 10128 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP DISCEPLO, MICHAEL C 46 WOLF HILL ROAD MELVILLE, NY 11747 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MAGGIO, DOMENIC 4 MARTINE AVENUE WHITE PLAINS, NY 10606 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200023284642 09/23/03--01066--001 **400.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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: Beverly C. Chell DATE: _____

SIGNATURE, typed or computer name of signing officer or director

Beverly C. Chell, Sect..Vice Chmn.

9/25/03

CPRE034 (10/02)