## 2002 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business

6568 VIA REGINA **BOCA RATON FL 33433**  Mailing Address

6568 VIA REGINA

**BOCA RATON FL 33433** 

P96000069271 **DOCUMENT#** 1. Entity Name 07-09-2002 90376 050 \*\*\*150.00 PRIMEDIA, INC.

FILED Jul 09, 2002 8:00 am Secretary of State

B012785



2. Principal Place of Business			3. Mailing Address				4 ( <b>30)(33)</b> (10 ) <b>6</b> (13 6(4) 00)(( <b>34</b> )(	1 <b>80</b> 131 <b>8830 8</b> 111	<b>u 18160 (166</b> 1 1	18861 1181 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	FEI Number 65-0692287 Applied Fo			oplied For ot Applicable	
Zip	Country		Zip Count		itry	5. 0	Certificate of Status Desired		8.75 Add	ditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
JACOBY, A				Street Address (P.O. Box Number is Not Acceptable)							
6568 VIA, REGINA BOCA RATON FL 33433											
					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Tax filing requirement and elects to do so.  After September 13, 26					FEE IS \$550.00 002 Fee will be \$750.00 to Department of State		10. Election Campaign Fina Trust Fund Contribution			May Be	
11. OFFICERS AND DIRECTORS 12.						AD	DITIONS/CHANGES TO OFFI	CERS AND D	IRECTOR	S IN 11	
NAME STREET ADDRESS	POCA DATON SI							[	_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								[	_ Change	☐ Addition	
TITLE	N. S.				E IE EET ADDRESS '-ST-ZIP		يىن ، ر. ر. <sub>ئى</sub> د <mark>كۆرۈك يېرىن</mark>	۳ و سخمینی من	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Delete					[	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					[	_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	artifu that the	information a coalled with	Delete	CITY	EET ADDRESS -ST-ZIP	and in Section 1	119.07(3)(i). Florida Statutes. i		Change	Addition	

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:

July 5, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302

I spoke to one of your representatives this morning. She told me that the \$550 charge was for failing to send the \$150 filing fee at the proper time.

I explained to her that I have never missed sending in the \$150 filing-fee on time, since my S corporation was formed in 1996, and that, this year, I did not receive a notice. That's why I missed sending it in.

Your representative told me to send in the \$150 now, with the above explanation, and it will be OK.

Thank you,

President