


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000069271  
 1. Entity Name  
 PRIMEDIA, INC.



Principal Place of Business      Mailing Address  
 6568 VIA REGINA                      6568 VIA REGINA  
 BOCA RATON, FL 33433                BOCA RATON, FL 33433

**DO NOT WRITE IN THIS SPACE**



07112005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0692287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 JACOBY, ALBERT A  
 6568 VIA REGINA  
 BOCA RATON, FL 33433

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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 07/14/05

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBY, ALBERT 6568 VIA REGINA BOCA RATON, FL
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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: Albert Jacoby  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #