FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2005 OCT 24 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000003199

1. Corporation Name

Advance Magazine Publishers Inc.

**REINSTATEMENT** 04-05

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| c/o Sabin, Bermant & Gould LLP | c/o Sabin, Bermant & Gould LLP |
| Suite, Apt. #, etc.: 4 Times Square, 23rd Fl | Suite, Apt. #, etc.: 4 Times Square |
| City & State: New York, NY | City & State: New York, NY |
| Zip: 10036 Country: U.S.A. | Zip: 10036 Country: U.S.A. |

4. Date Incorporated or Qualified To Do Business in Florida: 6/27/03

5. FEI Number: 13-3479374 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pineland Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Sohan Dindyal Assistant Secretary — REGISTERED AGENT MUST SIGN

Date: 10-24-05

CR2E061 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| D,P | S.I. Newhouse, Jr | 4 Times Square, | New York, NY 10036 |
| D,VP | Donald E. Newhouse | 4 Times Square | New York, NY 10036 |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Date: 10/21/05 Daytime Phone #:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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