

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 843461 (5)**  
 1. Corporation Name  
**HBJ FARM PUBLICATIONS, INC.**

Principal Place of Business <b>6277 SEA HARBOR DR 5TH FLR</b> <b>ATTN: TAX DEPT</b> <b>ORLANDO FL 32887</b> <b>US</b>	Mailing Address <b>6277 SEA HARBOR DR 5TH FLR</b> <b>ATTN: TAX DEPT</b> <b>ORLANDO FL 32887</b> <b>US</b>
---	---

3. Date Incorporated or Qualified <b>06/14/1979</b>	3a. Date of Last Report <b>03/12/1996</b>
4. FEI Number <b>34-1012428</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CCEO</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PARTICK E. WELCH</b>
STREET ADDRESS	<b>601 UNION STREET-SUITE 5800</b>
CITY-ST-ZIP	<b>SEATTLE WA</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RICHARD K. LARSON</b>
STREET ADDRESS	<b>6277 SEA HARBOR DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE
NAME	<b>WORTMAN, BETH</b>
STREET ADDRESS	<b>6277 SEA HARBOR DR</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE
NAME	<b>VICTOR C. MOSES</b>
STREET ADDRESS	<b>601 UNION STREET-SUITE 5800</b>
CITY-ST-ZIP	<b>SEATTLE WA</b>
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE
NAME	<b>GEOFFREY S. STIFF</b>
STREET ADDRESS	<b>601 UNION STREET-SUITE 5800</b>
CITY-ST-ZIP	<b>SEATTLE WA</b>
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE
NAME	<b>CHARLES A. KAMINSKI</b>
STREET ADDRESS	<b>601 UNION STREET-SUITE 5800</b>
CITY-ST-ZIP	<b>SEATTLE WA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Chairman &amp; CEO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Joyce, Stephen P.</b>
1.3 STREET ADDRESS	<b>601 Union Street</b>
1.4 CITY-ST-ZIP	<b>Seattle WA 98101</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Beth Wortman** 04/08/97 407 345-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)