


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000002705	
1. Entity Name SOUTHERN LIVING, INC.	

Principal Place of Business 2100 LAKESHORE DRIVE BIRMINGHAM, AL 35209	Mailing Address 2100 LAKESHORE DRIVE TAX MANAGER BIRMINGHAM, AL 35209
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04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0515956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000159325
05/10/04-60025-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ANGELILLO, TOM 2100 LAKESHORE DRIVE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV KELLER, JEANETTA 2100 LAKESHORE DRIVE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, SCOTT 2100 LAKESHORE DRIVE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REILLY, SALLY S 2100 LAKESHORE DRIVE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV LARSON, BRUCE 2100 LAKESHORE DRIVE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Sally P. Reilly, Sally Reilly, Assistant Secretary 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 205-445-6 P41