2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000007183

1. Entity Name
PRIMEDIA BUSINESS MAGAZINES & MEDIA INC.

Principal Place of Business	Mailing Address
C/O PRIMEDIA, INC. 745 5TH AVENUE NEW YORK, NY 10151	9800 METCALF OVERLAND PARK, KS 66212

03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1071277
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	CINLIN, KELLY P
STREET ADDRESS	48 BUCKINGHAM ST
CITY-ST-ZIP	CAMBRIDGE, MA 02138
TITLE	SVPT
NAME	FLYNN, MATTHEW
STREET ADDRESS	53 JOYCE RD
CITY-ST-ZIP	HARTSDALE, NY 10530
TITLE	SD
NAME	CHELL, BEVERLY C
STREET ADDRESS	125 CORY'S LN
CITY-ST-ZIP	PORTSMOUTH, RI 02871
TITLE	SRVP
NAME	JACOBSON, ERIC A
STREET ADDRESS	9439 WEST 119 TER
CITY-ST-ZIP	OVERLAND PARK, KS 66213
TITLE	V
NAME	CONDON, JOHN M
STREET ADDRESS	ONE SMUGGLER'S LOVE
CITY-ST-ZIP	HUNTINGTON, NY 11743
TITLE	V
NAME	DISCEPOLO, MICHAELANNE
STREET ADDRESS	46 WOLF HILL ROAD
CITY-ST-ZIP	MELVILLE, NY 11747

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03/21/05-80041-017 150.00

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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: _____ 3/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #