
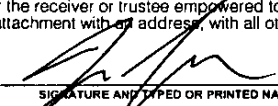


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90406 040 \*\*\*150.00

<b>DOCUMENT # F03000005377</b> 1. Entity Name <b>PRIMEDIA MAGAZINES, INC.</b>					
Principal Place of Business <b>200 MADISON AVENUE NEW YORK, NY 10016</b>			Mailing Address <b>6405 FLANK DRIVE HARRISBURG, PA 17112</b>		
2. Principal Place of Business - No P.O. Box # <b>261 MADISON AVE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>NEW YORK, NY</b>		City & State			
Zip <b>10016</b> Country <b>USA</b>		Zip Country		4. FEI Number <b>13-3616344</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FRASER, CHRISTOPHER</b> <b>745 5TH AVE.</b> <b>NEW YORK, NY 10151</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, SVP</b> <b>JASON S. THALER</b> <b>152 BANK ST, APT. 2A</b> <b>NEW YORK, NY 10014</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>CHELL, BEVERLY C</b> <b>745 5TH AVE</b> <b>NEW YORK, NY 10151</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>CHELL, BEVERLY C</b> <b>745 5TH AVE</b> <b>NEW YORK, NY 10151</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>NELSON, DEAN B</b> <b>745 FIFTH AVENUE</b> <b>NEW YORK, NY 10151</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN</b> <b>NELSON, DEAN B.</b> <b>745 FIFTH AVE</b> <b>NEW YORK, NY 10151</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VHR</b> <b>DISCEPOLO, MICHAELANNE C</b> <b>745 5TH AVE.</b> <b>NEW YORK, NY 10151</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>STEVE PARR</b> <b>745 FIFTH AVE</b> <b>NEW YORK, NY 10151</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JOSEPH LYONS</b> <b>17 MORRISON WAY</b> <b>CARLISLE, PA 17013</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP, CFO</b> <b>KEVIN NEARY</b> <b>15 WINDSOR DR</b> <b>LIVINGSTON, NJ 07039</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>  <b>JOSEPH LYONS</b> <b>04/25/2007 (717) 540 6653</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #</small>					

ATTACHMENT  
40088935  
#F03000005377  
PRIMEDIA Magazines Inc.

<u>Name &amp; Title</u>	<u>Address</u>	<u>Term Expires</u>
Dean Nelson* Chairman	745 Fifth Avenue New York, NY 10151	When successor is elected and qualified.
Beverly C. Chell*	125 Cory's Lane Portsmouth, RI 02871	(same as above)
Steve Parr President & CEO	745 Fifth Avenue New York, NY 10151	(same as above)
Michaelanne C. Discepolo EVP, Human Resources	46 Wolf Hill Road Melville, NY 11747	(same as above)
Jason S. Thaler Senior Vice President, Secretary	152 Bank Street, Apt. 2A New York, NY 10014	(same as above)
Kevin Neary Senior Vice President, CFO	15 Windsor Drive Livingston, NJ 07039	(same as above)
Joseph Palazzolo Assistant Vice President, Tax	234 N. Forest Ave. Rockville Centre, NY 11570	(same as above)
Robert Sforzo Sr. VP, Controller	41 89th Street Brooklyn, NY 11209	(same as above)
Joseph Lyons VP, Finance	17 Morrison Way Carlisle, PA 17013	(same as above)
Steven Aster President, Consumer Marketing	19 Spector Lane Plainview, NY 11803	(same as above)
Sean Holzman Vice President, Licensing	4005 Prado Del Trigo Calabasas, CA 91302	(same as above)

\* Director

January 31, 2007