


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90090 010 ***150.00

DOCUMENT # F94000005897					
1. Entity Name CHANNEL ONE COMMUNICATIONS CORPORATION					
Principal Place of Business 1440 BROADWAY 17TH FLOOR NEW YORK, NY 10018 US			Mailing Address 1440 BROADWAY 17TH FLOOR NEW YORK, NY 10018 US		
2. Principal Place of Business		3. Mailing Address		03162005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 13-3783278	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RITTS, JIM PO BOX 62, S HAHN ROAD CALLICOON CENTER, NY 10530	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO Harris, Judy 3675 Sycamore Valley Run Glenwood, MD 21738
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CONLIN, KELLY 48 BUCKINGHAM STREET CAMBRIDGE, MA 02138	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHELL, BEVERLY C 125 CORY'S LANE PORTSMOUTH, RI 02781	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SFORZO, ROBERT 41 89TH STREET BROOKLYN, NY 11209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NELSON, DEAN B 745 5TH AVE, 23RD FLOOR NEW YORK, NY 10151	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FEEHAN, GREG 155 WEST 81ST STREET, APT 3A NEW YORK, NY 10024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-27-2005 212 204-3700 <small>Date Daytime Phone #</small>		

ATTACHMENT

40082841

#F94000005897

Channel One Communication Corporation

<u>Name and Title</u>	<u>Residence Address</u>	<u>Term Expires</u>
Dean B. Nelson* Chairman/Primedia	745 5th Avenue, 23rd Floor New York, NY 10151	When successor is elected and qualified
Kelly Conlin* President & CEO/Primedia	48 Buckingham Street Cambridge, MA 02138	(same as above)
Beverly C. Chell* Vice Chairman, GC, Secretary/Primedia	125 Cory's Lane Portsmouth, RI 02871	(same as above)
Matthew Flynn Sr. VP, CFO, Treasurer/Primedia, Inc.	53 Joyce Road Hartsdale, NY 10530	(same as above)
Judy Harris President & CEO, Channel One	3675 Sycamore Valley Run Glenwood, MD 21738	(same as above)
Greg Feehan CFO, Primedia Television	155 West 81st Street, Apt. 3A New York, NY 10024	(same as above)
Michaelanne C. Discepolo Executive Vice President/Primedia	46 Wolf Hill Road Melville, NY 11747	(same as above)
Christopher A. Fraser Sr. VP-Law, Assistant Secretary/Primedia	729 Hyslip Avenue Westfield, NJ 07090	(same as above)
Robert Sforzo Sr. VP, Controller/Primedia	41 89th Street Brooklyn, NY 11209	(same as above)
Joseph Palazzolo Assistant VP, Tax	234 N. Forest Ave. Rockville Centre, NY 11570	(same as above)

* Director

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