

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90001 048 ***550.00

DOCUMENT # **F96000000697**

1. Corporation Name
PRIMEDIA MAGAZINES INC.

609251 - 90001 - 78



Principal Place of Business
**745 5TH AVE.
NEW YORK NY 10151**

Mailing Address
**745 5TH AVE.
NEW YORK NY 10151**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

02/12/1996

4. FEI Number

13-3616344

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE
NAME **REILLY, WILLIAM F**
STREET ADDRESS **26 SHINNECOCK RD.**
CITY-ST-ZIP **QUOGUE NY 11959**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☒ DELETE
NAME **WARNER, JAMES**
STREET ADDRESS **3 FOUNTAIN SQUARE**
CITY-ST-ZIP **LARCHMONT NY 10538**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **David Tanzer**
2.3 STREET ADDRESS **12A Cooper Road**
2.4 CITY-ST-ZIP **Scarsdale, NY 10583**

TITLE **VCFO** ☐ DELETE
NAME **JENKINS, LINDA**
STREET ADDRESS **21 ROLAND RD.**
CITY-ST-ZIP **IRVINGTON NY 10533**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **COO** ☒ DELETE
NAME **SIEGEL, CHARLES**
STREET ADDRESS **766 ROLLING HILL DR**
CITY-ST-ZIP **RIVERVALE NJ 07675**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Daniel Aks**
4.3 STREET ADDRESS **10 Crest Road**
4.4 CITY-ST-ZIP **East Brunswick, NJ 08816**

TITLE **V** ☐ DELETE
NAME **MCCURDY, CHARLES G**
STREET ADDRESS **1158 5TH AVE.**
CITY-ST-ZIP **NEW YORK NY 10029**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VS** ☐ DELETE
NAME **CHELL, BEVERLY C**
STREET ADDRESS **21 BLUEWATER HILL**
CITY-ST-ZIP **WESTPORT CT 06880**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: **X**

Shirley Jenkins
L. Jenkins

CR2E034 (5/99)