

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F96000003982 (3)**

1. Corporation Name
CMP MEDIA INC.



Principal Place of Business 600 COMMUNITY DR. MANHASSET NY 11030	Mailing Address 600 COMMUNITY DR. MANHASSET NY 11030-3847
--	---

3. Date Incorporated or Qualified 08/05/1996	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 11-2240940 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	---	---	---	---

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDS, MICHAEL S	1.2 NAME	
STREET ADDRESS	600 COMMUNITY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET NY 11030	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDS, DANIEL H	2.2 NAME	
STREET ADDRESS	600 COMMUNITY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET NY 11030	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARAFIOTI, ROBERT D	3.2 NAME	
STREET ADDRESS	600 COMMUNITY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET NY 11030	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, PEARL	4.2 NAME	
STREET ADDRESS	600 COMMUNITY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET NY 11030	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDS, GERARD G	5.2 NAME	
STREET ADDRESS	600 COMMUNITY DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET NY 11030	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDS, LILO J	6.2 NAME	
STREET ADDRESS	600 COMMUNITY DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET NY 11030	6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

Steven C. De...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97
Date

(516) 562-5000

Daytime Phone #

CR2E034 (9/96)