

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90002 020 ***150.00

SECRETARY OF STATE

DOCUMENT # F96000004932

1. Entity Name
PRIMEDIA SPECIALTY GROUP, INC.

Principal Place of Business Mailing Address

227 WEST MONROE, STE 4200 **6420 WILSHIRE BLVD.**
CHICAGO IL 60606 **ATTN:MS. MEL MANGUERA**
LOS ANGELES CA 90048



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

36-4099296 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

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

9. This corporation is eligible to satisfy its Intangible Tax, filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	CFO <input checked="" type="checkbox"/> Delete
NAME	BAILLIE, JOHN
STREET ADDRESS	6420 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA 90048
TITLE	PCO <input checked="" type="checkbox"/> Delete
NAME	MOLONEY, TOM
STREET ADDRESS	6420 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA 90048
TITLE	CFO <input checked="" type="checkbox"/> Delete
NAME	HUGHES, GARY
STREET ADDRESS	1 LINCOLN COURT
CITY-ST-ZIP	PETERBOROUGH UK PE1- 2RF
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HAND, KEVIN
STREET ADDRESS	6042 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES FL 90048
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	RICH, MARCUS
STREET ADDRESS	110 FIFTH AVE
CITY-ST-ZIP	NEW YORK NY 10011
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PARR, STEVE
STREET ADDRESS	2 MAGNOLIA COURT
CITY-ST-ZIP	MORRISTOWN NJ 07960

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES MCCURDY
STREET ADDRESS	745 5TH AVE
CITY-ST-ZIP	NEW YORK NY 10151
TITLE	ASST SECRETARY & VICE PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER FRASER
STREET ADDRESS	745 5TH AVE
CITY-ST-ZIP	NEW YORK NY 10151
TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW FLYNN
STREET ADDRESS	745 5TH AVE
CITY-ST-ZIP	NEW YORK NY 10151
TITLE	DIRECTOR & CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS RIGERS
STREET ADDRESS	745 5TH AVE
CITY-ST-ZIP	NEW YORK NY 10151
TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY CHELL
STREET ADDRESS	745 5TH AVE
CITY-ST-ZIP	NEW YORK NY 10151
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Matthew Flynn* Date: 1/24/02 Daytime Phone #: (212) 745-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)