

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90058 049 ***150.00

DOCUMENT # F96000004932

1. Entity Name
PRIMEDIA SPECIALTY GROUP, INC.



Principal Place of Business
**227 WEST MONROE, STE 4200
CHICAGO, IL 60606**

Mailing Address
**6420 WILSHIRE BLVD.
ATTN:MS. MEL MANGUERA
LOS ANGELES, CA 90048**

94012452



01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
36-4099296

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **MCCURDY, CHARLES**
STREET ADDRESS **745 5TH AVE**
CITY-ST-ZIP **NEW YORK, NY 10151**

TITLE **CEO & PRESIDENT** ☒ Change ☐ Addition
NAME **kelley CONLIN**
STREET ADDRESS **745 5th AVE**
CITY-ST-ZIP **NEW YORK NY 10151**

TITLE **ASVP** ☐ Delete
NAME **FRASER, CHRISTOPHER**
STREET ADDRESS **745 5TH AVE**
CITY-ST-ZIP **NEW YORK, NY 10151**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **FLYNN, MATTHEW**
STREET ADDRESS **745 5TH AVE**
CITY-ST-ZIP **NEW YORK, NY 10151**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☒ Delete
NAME **ROGERS, THOMAS**
STREET ADDRESS **745 5TH AVE**
CITY-ST-ZIP **NEW YORK, NY 10151**

TITLE **CHAIRMAN** ☒ Change ☐ Addition
NAME **DEAN NELSON**
STREET ADDRESS **745 5th AVE**
CITY-ST-ZIP **NEW YORK NY 10151**

TITLE **D** ☐ Delete
NAME **CHELL, BEVERLY**
STREET ADDRESS **745 5TH AVE**
CITY-ST-ZIP **NEW YORK, NY 10151**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCEO** ☒ Delete
NAME **FERM, DAVID**
STREET ADDRESS **1 YARMOUTH RD**
CITY-ST-ZIP **NORWALK, CT 06853**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 16, 2004 (323) 782-2000

Date

Daytime Phone #