

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90239 009 ***150.00

0012417

DOCUMENT # F99000000274

1. Entity Name

PRIMEDIA SPECIAL INTEREST PUBLICATIONS INC.

Principal Place of Business

Mailing Address

2700 S. KANNER HWY.
 STUART FL 34994
 US

2700 S. KANNER HWY.
 STUART FL 34994
 US

2. Principal Place of Business

3. Mailing Address

745 Fifth Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
New York, NY

4. FEI Number

52-1654079

Applied For

Not Applicable

Zip

Country

Zip

Country

10151

US

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DC**
 STREET ADDRESS **ROGERS, THOMAS S**
 CITY-ST-ZIP **48 BILTMORE AVENUE**
RYE NY 10580

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

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCCURDY, CHARLES G**
 CITY-ST-ZIP **1158 FIFTH AVENUE**
NEW YORK NY 10029

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **COLODNY, MARK**
 CITY-ST-ZIP **59 EAST 92ND STREET**
NEW YORK NY 10128

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **DISCEPLO, MICHAEL C**
 CITY-ST-ZIP **46 WOLF HILL ROAD**
MELVILLE NY 11747

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **MAGGIO, DOMENIC**
 CITY-ST-ZIP **4 MARTINE AVENUE**
WHITE PLAINS NY 10606

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)