

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90023 045 \*\*\*150.00

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1. Entity Name  
PRIMEDIA SPECIAL INTEREST PUBLICATIONS INC.

Principal Place of Business  
745 FIFTH AVENUE  
NEW YORK, NY 10151 US

Mailing Address  
745 FIFTH AVENUE  
NEW YORK, NY 10151 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004

Chg-P

CR2E034 (10/03)

4. FEI Number

52-1654079

Applied For

Not Applicable

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

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

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

TITLE Kelly Conlin - CEO ☒ Addition  
NAME 48 Buckingham St  
STREET ADDRESS Cambridge MA 02138  
CITY-ST-ZIP

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

TITLE Chairman ☐ Change ☒ Addition  
NAME Dean Nelson  
STREET ADDRESS 745 Fifth Ave  
CITY-ST-ZIP New York NY 10151

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

TITLE Daniel Akg COO ☐ Change ☒ Addition  
NAME 10 Crest Road  
STREET ADDRESS East Brunswick NJ 08816  
CITY-ST-ZIP

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

TITLE Christopher A Fraser ☐ Change ☒ Addition  
NAME SVP  
STREET ADDRESS 729 Hyslip Ave  
CITY-ST-ZIP Westfield NJ 07090

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Thomas Savoca VP ☐ Change ☒ Addition  
NAME 47 Circle Drive  
STREET ADDRESS Ridgefield CT 06877  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/04