2952

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
WARNER PUBLISHER SERVICES INC.

~~Certificate of Status~~ CC	1 — Certified Copy
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9/6

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13 SEP 06 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35670

REINSTATEMENT 95-13

CR2E081 (11/10)

1 Corporation Name
WARNER PUBLISHER SERVICES INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
260 CHERRY HILL ROAD	260 CHERRY HILL ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PARSIPPANY, NJ	City & State: PARSIPPANY, NJ
Zip: 07054 County: USA	Zip: 07054 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/26/1991

5. FEI Number: 130869490 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: YES — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANATION State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Connie Bryan Connie Bryan Date: 9/6/2013
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 persons)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	SUSAN ROBERSON	1271 AVENUE OF THE AMERICAS	NEW YORK, NY 10020
Pres	RICHARD JACOBSEN	260 CHERRY HILL ROAD	PARSIPPANY, NJ 07054
CFO	DIANNE KENT	260 CHERRY HILL ROAD	PARSIPPANY, NJ 07054
AS	Lauren Ezrol Klein	1271 Avenue of the Americas	New York, NY 10020

10. E-mail Address: thomas_schopper@timeinc.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Lauren Ezrol Klein, Assistant Secretary 212-522-6809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

K. ASHTON