

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90090 018 ***150.00

0574197 AT

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|---|--|--|--|
| DOCUMENT # P94000039969 1. Entity Name TIME, INC. | | Feb 05, 2002 8:00 am Secretary of State 02-05-2002 90090 018 ***150.00 | |
| Principal Place of Business 125 WORTH AVENUE SUITE 202 PALM BEACH FL 33480 | | Mailing Address C/O FARBER 498 BERGEN BLVD RIDGEFIELD NJ 07657 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Country | |
| 4. FEI Number 65-0498991 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RAMPELL, PAUL 125 WORTH AVENUE SUITE 202 PALM BEACH FL 33480 | | 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 _____ (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) <input type="checkbox"/> | | 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. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP P MIMUN, LAUREN PO BOX 247 N/A PALM BEACH FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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: <i>Lauren E. Mimin</i> | | 1/17/02 561-881-1358 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |