2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P96000069271

1. Entity Name

PRIMEDIA, INC.



FILED May 14, 2003 8:00 am g Secretary of State

05-14-2003 90138 006 ***150.00

					CONT.						
Principal Place of Business 6568 VIA REGINA BOCA RATON FL 33433			Mailing Address 6568 VIA REGINA BOCA RATON FL 33433								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. Ff	FEI Number 65-0692287			plied For t Applicable
Zip	Co	untry	Zip		Country	•	5. C	Certificate of Status Desired		8.75 Add	itional
	6. Name and	Address of Current Re	gistered Ag	ent			7. N	ame and Address of New Regis	tered A	gent	
•					Name						7
JACOBY, 6568 VIA	ALBERT A		ng ngan sambar aman	Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON FL 33433								<u> </u>			
					City				FL	Zip Code)
	e named entity subr tions of registered a		ne purpose o	of changing its re	egistered office or r	egistered	l age	ent, or both, in the State of Florida	. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printe	ed name of registered agent and	title if applicable	, (NOTE: F	Registered Agent signature	a required wh	hen reir	nstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Chack Payable to Florida Department o			itate					Election Campaign Financ Trust Fund Contribution.	ing		May Be to Fees
10.		OFFICERS AND DI	RECTORS		11.		ADE	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBY, ALBE 6568 VIA REGII BOCA RATON	NA AV		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
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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 DIRECTO

4/31/07

561-394-0641

Daytime Phone #

CHZE034 (10