FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 5:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S20221** **(5)**

1. Corporation Name
TIME, INC.

Principal Place of Business	Mailing Address
13811 STAIMFORD DR. W PALM BEACH FL 33414 US	13811 STAIMFORD DR. WEST PALM BEACH FL 33414 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1990	3a. Date of Last Report: 04/27/1994
21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country
4. FEI Number: 65-0245528	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

MCDEVITT, THOMAS J
13811 STAIMFORD DRIVE
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.1005 and/or 607.1006, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	P	41 TITLE	☐ Change ☐ Addition
32 NAME	MCDEVITT, THOMAS J.	42 NAME	
33 STREET ADDRESS	13811 STAIMFORD DRIVE	43 STREET ADDRESS	
34 CITY-ST-ZIP	W PALM BEACH FL	44 CITY-ST-ZIP	
35 TITLE	V	45 TITLE	☐ Change ☐ Addition
36 NAME	MCDEVITT, PAMELA A.	46 NAME	
37 STREET ADDRESS	13811 STAIMFORD DRIVE	47 STREET ADDRESS	
38 CITY-ST-ZIP	W PALM BEACH FL	48 CITY-ST-ZIP	
39 TITLE		49 TITLE	☐ Change ☐ Addition
40 NAME		50 NAME	
41 STREET ADDRESS		51 STREET ADDRESS	
42 CITY-ST-ZIP		52 CITY-ST-ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY-ST-ZIP		56 CITY-ST-ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY-ST-ZIP		60 CITY-ST-ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Thomas J. McDevitt (Thomas J. McDevitt) 4-27-95 407 798-2385
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Telephone Number *
President

0252480 CP