


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000000814**  
 1. Entity Name  
 CSK PUBLISHING COMPANY, INC. ✓



Principal Place of Business: 745 5TH AVENUE, NEW YORK NY 10151 ✓  
 Mailing Address: 6405 FLANK DR, HARRISBURG FL 17112 ✓

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Zip Country: Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC. ✓  
 526 E. PARK AVENUE  
 TALLAHASSEE FL 32301

4. FEI Number: 13-3023395  
 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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. 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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: C NAME: NELSON, DEAN STREET ADDRESS: 745 5TH AVENUE CITY-ST-ZIP: NEW YORK NY 10151	<input type="checkbox"/> Delete
TITLE: V NAME: CONLIN, KELLY STREET ADDRESS: 48 BUCKINGHAM ST CITY-ST-ZIP: CAMBRIDGE MA 02138	<input type="checkbox"/> Delete
TITLE: VS NAME: CHELL, BEVERLY C STREET ADDRESS: 745 5TH AVENUE CITY-ST-ZIP: NEW YORK NY 10151	<input type="checkbox"/> Delete
TITLE: V NAME: RUTKOWSKI, LAWRENCE R STREET ADDRESS: 69 HEATHER DRIVE CITY-ST-ZIP: NEW CANAAN CT	<input type="checkbox"/> Delete
TITLE: VT NAME: FLYNN, MATTHEW STREET ADDRESS: 53 JOYCE RD CITY-ST-ZIP: HARTSDALE NY	<input type="checkbox"/> Delete
TITLE: V NAME: DISCEPOLO, MICHAELANNE C STREET ADDRESS: 46 WOLF HILL ROAD CITY-ST-ZIP: MELVILLE NY	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #: 717-540-6600