


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90182 032 ***150.00

DOCUMENT # F0200000814							
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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 13-3023395			
				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			7. Name and Address of New Registered Agent				
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NELSON, DEAN		NAME				
STREET ADDRESS	745 5TH AVENUE		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10151		CITY-ST-ZIP				
TITLE	CEOP	<input checked="" type="checkbox"/> Delete	TITLE	CEOP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CONLIN, KELLY		NAME	Dean Nelson			
STREET ADDRESS	48 BUCKINGHAM ST		STREET ADDRESS	745 5th Ave.			
CITY-ST-ZIP	CAMBRIDGE, MA 02138		CITY-ST-ZIP	New York, NY 10151			
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	VS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHELL, BEVERLY C		NAME	Christopher Fraser			
STREET ADDRESS	745 5TH AVENUE		STREET ADDRESS	745 5th Ave.			
CITY-ST-ZIP	NEW YORK, NY 10151		CITY-ST-ZIP	New York, NY 10151			
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	CFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NEARY, KEVIN		NAME	Beverly C. Chell			
STREET ADDRESS	260 MADISON AVE		STREET ADDRESS	745 5th Ave.			
CITY-ST-ZIP	NEW YORK, NY 10016		CITY-ST-ZIP	New York, NY 10151			
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLYNN, MATTHEW		NAME				
STREET ADDRESS	53 JOYCE RD		STREET ADDRESS				
CITY-ST-ZIP	HARTSDALE, NY		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	VP-HR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DISCEPOLO, MICHAELANNE C		NAME	Michaelanne C. Discepolo			
STREET ADDRESS	46 WOLF HILL ROAD		STREET ADDRESS	745 5th Ave.			
CITY-ST-ZIP	MELVILLE, NY		CITY-ST-ZIP	New York, NY 10151			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Christopher Fraser 4/18/06 Date					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____							