## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F9400005761 (1)

NEWSWEEK, INC.

PO BOX 919

## **FILED** Mar 13 1998 8:00am Secretary of State



Mailing Address Principal Place of Business PO BOX 919 **MOUNTAIN LAKES NJ 07046** MOUNTAIN LAKES NJ 07046 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/07/1994</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 13-1455345 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible ☐ No Yes 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 **B3** 84 City Zip Code 85 11. Pursuant to the provisions of Socions 607,0502 and 607,1508, 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 607,0505, Florida Statutes. Signature, typed or pented name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

SIGNATURE CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TATLE 1.1 TITLE NAME SMITH, RICHARD M 1.2 NAME 251 W. 57TH ST 1.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10019** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LUFFMAN, PETER J 2.2 NAME NAME 251 W. 57TH ST STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY 10019** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE SHAIN, HAROLD 3.2 NAME NAME 251 W. 57TH ST 3.3 STREET ADDRESS STREET ADORESS **NEW YORK NY 10019** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITI E **DURGIN, DONALD** 4 2 NAME NAME 251 W. 57TH ST 4.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10019** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE RIVELLO, ANGELO NAME 5.2 NAME 251 W. 57TH ST STREET ADDRESS 5.3 STREET ADDRESS **NEW YORK NY 10019** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE DWORKIS. PAUL 6.2 NAME NAME **333 ROUTE 46** STREET ADDRESS 6.3 STREET ADDRESS MT. LAKES NJ CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address.

2/2/08

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