## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 28, 2005 8:00 am Secretary of State DOCUMENT # F02000000814 04-28-2005 90202 020 \*\*\*150.00 1. Entity Name CSK PUBLISHING COMPANY, INC. Principal Place of Business Mailing Address 745 5TH AVENUE 6405 FLANK DR 14005181 NEW YORK, NY 10151 HARRISBURG, FL 17112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 13-3023395 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 4 WESTON, FL 33331 City 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 reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE C ☐ Delete TITLE ☐ Change ☐ Addition NAME NELSON, DEAN NAME STREET ADDRESS 745 5TH AVENUE STREET ADDRESS CiTY-ST-7IP NEW YORK, NY 10151 CITY-ST-ZIP CEO, PRESIDENT, Director TITLE ☐ Delete TITLE Change ☐ Addition NAME CONLIN, KELLY NAME Kelly P. Conlin STREET ADDRESS **48 BUCKINGHAM ST** STREET ADDRESS 48 Buckingham St CITY-ST-ZIP CAMBRIDGE, MA 02138 CITY-ST-ZIP Cambriage, MA 02138 TITLE TITLE Delete ☐ Change ☐ Addition NAME CHELL, BEVERLY C NAME STREET ADDRESS 745 5TH AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10151 CITY-ST-ZIP Delete ĊFO TITLE TITLE ☐ Change Addition Kevin Neary 240 Madison avenue RUTKOWSKI, LAWRENCE R NAME NAME STREET ADDRESS 69 HEATHER DRIVE STREET ADDRESS CITY-ST-ZIP NEW CANAAN, CT CITY-ST-7IP New York NY 10016 TITLE ☐ Delete TITLE □ Change ☐ Addition FLYNN, MATTHEW NAME NAME STREET ADDRESS 53 JOYCE RD STREET ADDRESS CITY-ST-ZIP HARTSDALE, NY CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DISCEPOLO, MICHAELANNE C NAME NAME STREET ADDRESS 46 WOLF HILL ROAD STREET ADDRESS CITY-ST-ZIP MELVILLE, NY CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 fike empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**