


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90006 014 \*\*\*550.00

DOCUMENT # F03000001044			
1. Entity Name HEMMINGS MOTOR NEWS, INC.			
Principal Place of Business 222 MAIN ST. BENNINGTON, VT 05201		Mailing Address 222 MAIN ST. BENNINGTON, VT 05201	
2. Principal Place of Business		3. Mailing Address <i>c/o Sabin, Bernant &amp; Gould LLP</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>4 Times Square</i>	
City & State		City & State <i>New York, NY</i>	
Zip	Country	Zip <i>10036</i>	Country <i>U.S.A.</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PRESS, GARY 1000 E. HILLSBORO BLVD., STE. 103 DEERFIELD PARK, FL 33441		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHAW, RAY 120 WEST MOREHEAD ST. CHARLOTTE, NC 28202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Shaw, Ray 120 West Morehead St. Charlotte, NC 28202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MENNETO, JAMES C 222 MAIN STREET BENNINGTON, VT 05201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Menneto, James C 222 Main Street Bennington, VT 05201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Newhouse, S.I. Jr. Four Times Square, 11th Fl. New York, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Newhouse, Donald E. Star-Ledger Plaza Newark, NJ 07010-1200 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Newhouse, Michael A. Four Times Square, 11th Fl. New York, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 19.07(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: _____		Date: <i>9/2/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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09012005 Chg-P CR2E034 (10/03)

4. FEI Number  
55-0812188 Applied For  
Not Applicable

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