

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004621

1. Entity Name
MOTOR TREND AUTO SHOWS, INC.



Principal Place of Business
**200 MADISON AVENUE
NEW YORK, NY 10016**

Mailing Address
**6405 FLANK DR
HARRISBURG, PA 17112**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1157124

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP CONLIN, KELLY P 48 BUCKINGHAM ST CAMBRIDGE, MA 02138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHELL, BEVERLY 125 CORY'S LANE PORTSMOUTH, RI 02871
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FLYNN, MATTHEW 53 JOYCE ROAD HARTSDALE, NY 10530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DISCEPOLO, MICHAELANNE C 46 WOLF HILL ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FRASER, CHRISTOPHER A 729 HYSLOP AVENUE WESTFIELD, NJ 07090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000340320
04/28/05-80111-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #