

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90103 040 \*\*\*150.00

**DOCUMENT # F03000004621**

1. Entity Name  
**MOTOR TREND AUTO SHOWS, INC.**



Principal Place of Business  
**27500 RIVERVIEW CENTER BLVD.  
STE. 400  
BONITA SPRINGS, FL 34134**

Mailing Address  
**27500 RIVERVIEW CENTER BLVD.  
STE. 400  
BONITA SPRINGS, FL 34134**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142008

Chg-P

CR2E034 (12/06)

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

## 7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** 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  
**CEOP  
NELSON, DEAN  
745 FIFTH AVE  
NEW YORK, NY 10151** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO, PRES  
STEVE PARR  
27500 RIVERVIEW CENTER BLVD.  
BONITA SPRINGS, FL 34134** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
THALER, JASON S  
152 BANK ST APT 2A  
NEW YORK, NY 10014** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V.P. SECRETARY  
DOUGLAS J. BATES  
27500 RIVERVIEW CTR. BLVD.  
BONITA SPRINGS, FL 34134** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHELL, BEVERLY  
745 FIFTH AVE  
NEW YORK, NY 10151** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR, V.P., ASST. SECRETARY  
MARC FIEMAN  
27500 RIVERVIEW CR. BLVD.  
BONITA SPRINGS, FL 34134** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPHR  
DISCEPETO, MICHAELANNE C  
745 FIFTH AVE  
NEW YORK, NY 10151** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASST. SECRETARY  
FRED PERRY  
27500 RIVERVIEW CR. BLVD.  
BONITA SPRINGS, FL 34134** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
ASTER, STEVEN  
19 SPECTOR LN  
PLAINVIEW, NY 11803** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFD  
JUDY ANZALONE  
27500 RIVERVIEW CTR. BLVD.  
BONITA SPRINGS, FL 34134** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
SFORZO, ROBERT  
41 89TH ST  
BROOKLYN, NY 11209** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/23/08*  
Date

*(239) 949-4450*  
Displaying Phone #