

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90464 008 ***150.00

DOCUMENT # F94000005761

1. Entity Name
NEWSWEEK, INC.



Principal Place of Business
**PO BOX 919
MOUNTAIN LAKES, NJ 07046**

Mailing Address
**PO BOX 919
MOUNTAIN LAKES, NJ 07046**

DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-1455345

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324**

**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, 2004 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
**CD
SMITH, RICHARD M
251 W 57TH ST
NEW YORK, NY 10019**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
SHAIN, HAROLD
251 W 57TH ST
NEW YORK, NY 10019**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
RIVELLO, ANGELO
251 W. 57TH ST
NEW YORK, NY 10019**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
DWORKIS, PAUL
333 ROUTE 46
MOUNTAIN LAKES, NJ 07046**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
OSBERG, GREGORY
251 W. 57TH ST.
NEW YORK, NY 10019**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
RYNECKI, MARY SUE
251 W. 57TH ST.
NEW YORK, NY 10019**

**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)(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:

Paul S. Dworkis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul S. Dworkis

Date

4/29/04

Daytime Phone #