

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90322 042 ***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**

40071833



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

13-1455345

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | SMITH, RICHARD M | |
| STREET ADDRESS | 251 W 57TH ST | |
| CITY-ST-ZIP | NEW YORK, NY 10019 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SHAIN, HAROLD | |
| STREET ADDRESS | 251 W 57TH ST | |
| CITY-ST-ZIP | NEW YORK, NY 10019 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | RIVELLO, ANGELO | |
| STREET ADDRESS | 251 W. 57TH ST | |
| CITY-ST-ZIP | NEW YORK, NY 10019 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | DWORKIS, PAUL | |
| STREET ADDRESS | 333 ROUTE 46 | |
| CITY-ST-ZIP | MOUNTAIN LAKES, NJ 07046 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | OSBERG, GREGORY | |
| STREET ADDRESS | 251 W. 57TH ST. | |
| CITY-ST-ZIP | NEW YORK, NY 10019 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | RYNECKI, MARY SUE | |
| STREET ADDRESS | 251 W. 57TH ST. | |
| CITY-ST-ZIP | NEW YORK, NY 10019 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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

Date

Daytime Phone #