

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005139

FILED  
Jan 07, 2006  
Secretary of State

Entity Name: THE ASI SHOW, INC.

## Current Principal Place of Business:

4800 STREET ROAD  
TREVOSE, PA 19053 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 338  
CEDAR FALLS, IA 50613 US

## New Mailing Address:

FEI Number: 23-2949245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: COHN, NORMAN  
Address: 4800 STREET RD.  
City-St-Zip: TREVOSE, PA 190536698

Title: P ( ) Delete  
Name: COHN, MATTHEW  
Address: 4800 STREET RD.  
City-St-Zip: TREVOSE, PA 190536698

Title: DS ( ) Delete  
Name: COHN, SUZANNE  
Address: 4800 STREET RD.  
City-St-Zip: TREVOSE, PA 190536698

Title: VP ( ) Delete  
Name: BRIGHT, STEPHEN  
Address: 4800 STREET RD.  
City-St-Zip: TREVOSE, PA 190536698

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: COHN, NORMAN  
Address: 4800 EAST STREET RD.  
City-St-Zip: TREVOSE, PA 190536698

Title: P (X) Change ( ) Addition  
Name: COHN, MATTHEW  
Address: 4800 EAST STREET RD.  
City-St-Zip: TREVOSE, PA 190536698

Title: D (X) Change ( ) Addition  
Name: COHN, SUZANNE  
Address: 4800 EAST STREET RD.  
City-St-Zip: TREVOSE, PA 190536698

Title: VPS (X) Change ( ) Addition  
Name: BRIGHT, STEPHEN  
Address: 4800 EAST STREET RD.  
City-St-Zip: TREVOSE, PA 190536698

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN BRIGHT

VP

01/07/2006

Electronic Signature of Signing Officer or Director

Date