

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90145 023 \*\*\*150.00

**66426252**



MOORE CR2E034 (11/03)

<b>DOCUMENT # 398726</b>	
1. Entity Name <b>NATIONAL ENQUIRER, INC</b>	

Principal Place of Business <b>5401 NW BROKEN SOUND BLVD BOCA RATON FL 33487</b>	Mailing Address <b>5401 NW BROKEN SOUND BLVD BOCA RATON FL 33487</b>
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2. Principal Place of Business  <b>1000 American Media Way Suite A Boca Raton, FL 33464-1000</b>	3. Mailing Address  <b>190 Congress Park Dr. Suite #200 Delray Beach, FL 33445</b>
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4. FEI Number <b>59-2764097</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PECKER, DAVID J <input type="checkbox"/> Delete 5401 NW BROKEN SOUND BLVD. BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MILEY, JOHN <input type="checkbox"/> Delete 5401 NW BROKEN SOUND BLVD. BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAHANE, MIKE <input type="checkbox"/> Delete 5401 NW BROKEN SOUND BLVD. BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COZ, STEVE <input checked="" type="checkbox"/> Delete 5401 NW BROKEN SOUND BLVD. BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *John Miley* *John Miley* *VCFO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4-27-04 (561) 998-7392  
List Daytime Phone #