


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 841943 1. Entity Name DISTRIBUTION SERVICES, INC. OF DELAWARE	
---	---

Principal Place of Business 1000 AMERICAN MEDIA WAY STE A BOCA RATON, FL 33464-100	Mailing Address C/O TAX DEPARTMENT 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464
--	--



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1641185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

1000000470596
03/28/06-80020-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCO PECKER, DAVID 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEIDEN, MINDY 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAHANE, MIKE 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEUTNER, AUSTIN 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINOVI, ANTHONY 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITAL, NEERAJ 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464

**DO NOT WRITE
IN THIS SPACE**

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: *Mindy Seiden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06 561 989 1325
Date Daytime Phone #