2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841943

Entity Name: DISTRIBUTION SERVICES, INC. OF DELAWARE

Apr 27, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1000 AMERICAN MEDIA WAY STE A 1665 PALM BEACH LAKES BLVD BOCA RATON, FL 33464100

STE 401

WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

C/O TAX DEPARTMENT 1000 AMERICAN MEDIA WAY 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464

BOCA RATON, FL 33464

FEI Number: 59-1641185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324

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

OFFICERS AND DIRECTORS:

Title: CFO

Name: PECKER, DAVID J

1000 AMERICAN MEDIA WAY Address: City-St-Zip: BOCA RATON, FL 33464

Title:

Name: POLIMENI, CHRISTOPHER 100 AMERICAN MEDIA WAY Address: BOCA RATON, FL 334641000 City-St-Zip:

Title:

OLSON, DAVID Name: ONE PARK AVE Address: City-St-Zip: NEW YORK, NY 10016

Title:

POLIMENI, CHRISTOPHER Name: Address: 1000 AMERICAN MEDIA WAY City-St-Zip: BOCA RATON, FL 33664

Title:

Name: OLSON, DAVID Address: ONE PARK AVE NEW YORK, NY 10016 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER POLIMENI **CFO** 04/27/2011