

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842932 (6)
1. Corporation Name
GLOBE COMMUNICATIONS CORP.



Principal Place of Business Mailing Address
5401 NW BROKEN SOUND BLVD.
BOCA RATON FL 33487-3512

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 04/03/1979 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 36-2702593 | |
| 24 Country | | 30 Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ROSENBLOOM, MIKE | |
| STREET ADDRESS | 1350 SHERBROOKE ST., W. | |
| CITY-ST-ZIP | MONTREAL, QUEBEC, CANADA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | KAHANE, MICHAEL | |
| STREET ADDRESS | 5401 N.W. BROKEN SOUND BLVD. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ROSENBLOOM, BARRY | |
| STREET ADDRESS | 441 LEXINGTON AVE #505 | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | TASD | <input type="checkbox"/> DELETE |
| NAME | HOFFMAN, MORTON | |
| STREET ADDRESS | 1350 SHERBROOKE ST., W. | |
| CITY-ST-ZIP | MONTREAL, QUEBEC, CANADA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ROSENBLOOM, RICHARD | |
| STREET ADDRESS | 1350 SHERBROOKE ST. W. | |
| CITY-ST-ZIP | MONTREAL, QUEBEC, CANADA | |
| TITLE | VCFO | <input type="checkbox"/> DELETE |
| NAME | MACDONALD, JEFF | |
| STREET ADDRESS | 5401 NW BROKEN SOUND BLVD | |
| CITY-ST-ZIP | BOCA RATON FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | 3 East 54th Street 15th Floor |
| 34 CITY-ST-ZIP | New York, NY |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | Montreal, Quebec, Canada |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 recipient for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

Michael P. Kahane

1-27-98

561-989-1225

CR2E034 (10/97)