842932

		_
(F	Requestor's Name)	
(F	Address)	-
	Address)	-
(0	City/State/Zip/Phone #)	-
PICK-UP	☐ WAIT ☐ MAIL	
(E	Business Entity Name)	-
<u>(C</u>	Document Number)	-
Certified Copies	Certificates of Status	-
Special Instructions t	o Filing Officer:]
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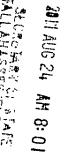


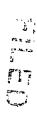


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COVER LETTER

ΓO: Amendment Section Division of Corporations
SUBJECT: Globe Communications Corporation
(Name of Corporation)
DOCUMENT NUMBER: 842932
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this natter to the following:
Margie Corbin
(Name of Person)
American Media, Inc
(Firm/Company)
1000 American Media Way
(Address)
Boca Raton, FL 33464-1000
(City/State and Zip code)
For further information concerning this matter, please call:
Margie Corbin at (561) 989-1335
(Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Globe Communications Corp.			_
(Name of Con	rporation)	% (p	
842932			MIII AUG
(Document Number of Co	orporation (if known)	STEE STEE STEE STEE STEE STEE STEE STEE	24
Delaware		-11 s.	
(Incorporated Un	ider Laws of)		_ e. _ C_
This corporation is no longer transacting business or convoluntarily surrenders its authority to transact business or		Florida a	nd hereby
This corporation revokes the authority of its registered appoints the Department of State as its agent for service o time it was authorized to transact business or conduct affa	of process based on a cause of action		
The following is a current mailing address for the corpora	ition:		
1000 American Media Way			_
(Mailing A	.ddress)		
Boca Raton, FL 33464-1000			
(City/ State	e /Zip)		-
The corporation agrees to notify the Department of State i	in the future of any change in its mai	iling add	ress.
(Signature of a director, president or other officer - if in the hands o receiver or other court appointed fiduciary, by that fiduciary)	9/2/1) of a (Date)		
Terri McGalliard	VP of Tax		
(Typed or printed name of person signing)	(Title of person si	igning)	

FILING FEE \$35