

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F00000006984

1. Entity Name
GLOBE EDITORIAL, INC.



Principal Place of Business
**1000 AMERICAN MEDIA WAY
SUITE A
BOCA RATON, FL 33464**

Mailing Address
**C/O TAX DEPARTMENT
1000 AMERICAN MEDIA WAY
BOCA RATON, FL 33464-1000**



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0963859

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

**000000470591
03/28/06-80020-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	PECKER, DAVID
STREET ADDRESS	1000 AMERICAN MEDIA WAY
CITY-ST- ZIP	BOCA RATON, FL 334641000
TITLE	V
NAME	SEIDEN, MINDY
STREET ADDRESS	1000 AMERICAN MEDIA WAY
CITY-ST- ZIP	BOCA RATON, FL 334641000
TITLE	S
NAME	KAHANE, MIKE
STREET ADDRESS	1000 AMERICAN MEDIA WAY
CITY-ST- ZIP	BOCA RATON, FL 334641000
TITLE	D
NAME	BEUTNER, AUSTIN
STREET ADDRESS	1000 AMERICAN MEDIA WAY
CITY-ST- ZIP	BOCA RATON, FL 334641000
TITLE	D
NAME	DINOVI, ANTHONY
STREET ADDRESS	1000 AMERICAN MEDIA WAY
CITY-ST- ZIP	BOCA RATON, FL 334641000
TITLE	D
NAME	MITAL, NEERAJ
STREET ADDRESS	1000 AMERICAN MEDIA WAY
CITY-ST- ZIP	BOCA RATON, FL 334641000

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mindy Seiden 3/16/06 561 989 1335

Date

Daytime Phone #