



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90176 046 \*\*\*150.00

<b>DOCUMENT # F00000006985</b> 1. Entity Name AMERICAN MEDIA MINI MAGS, INC.			
Principal Place of Business 1000 AMERICAN MEDIA WAY STE A BOCA RATON, FL 33464-1000		Mailing Address 190 CONGRESS PARK DR STE # 200 DELRAY BEACH, FL 33445	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>New Mailing Address</b> S c/o Tax Department C 1000 American Media Way Boca Raton, FL 33464-1000 Z	
			
		04292005    Chg-P    CR2E034 (10/03)	
		4. FEI Number <b>65-0963854</b> Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PCD PECKER, DAVID 5401 N.W. BROKEN SOUND BLVD. BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE	PCD Pecker, David 1000 American Media Way Boca Raton, FL 33464-1000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD MILEY, JOHN <input checked="" type="checkbox"/> Delete	TITLE	V Seiden, Mindy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V SWIDER, JOHN <input checked="" type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VS KAHANE, MIKE <input type="checkbox"/> Delete	TITLE	S Kahane, Mike <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	See Attachment for Additional Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: <i>Mindy Seiden</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MINDY SEIDEN    4/29/05    (561) 997-7733 Date      Daytime Phone #	

# ATTACHMENT

20055912  
F00000006985

**American Media Mini Mags, Inc.**

**FEI Number 65-0963854**

**Additional Directors**

Austin Beutner	D
Anthony DiNovi	D
Neeraj Mital	D
Soren Oberg	D
Michael Neil Garin	D

**Address**

1000 American Media Way  
Boca Raton, FL 33464-1000