2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F00000006986

1. Entity Name
NATIONAL EXAMINER, INC.

Principal Place of Business	Mailing Address
1000 AMERICAN MEDIA WAY STE A BOCA RATON, FL 33464-1000	C/O TAX DEPARTMENT 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464-1000

DO NOT WRITE IN THIS SPACE

02012006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0963855
☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000470595
03/28/06-80020-008 150.00

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	VS
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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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: Mindy Seiden 3/10/06 561 989 1335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #