

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90205 048 ***150.00

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1. Entity Name

MIRA ! EDITORIAL, INC.



Principal Place of Business

5401 N.W. BROKEN SOUND BLVD.
BOCA RATON FL 33487

Mailing Address

5401 N.W. BROKEN SOUND BLVD.
BOCA RATON FL 33487

249068702



MOORE CR2E034 (11/03)

2. Principal Place of Business

1000 American Media Way
Suite A
Boca Raton, FL 33464-1000

3. Mailing Address

190 Congress Park Dr.
Suite #200
Delray Beach, FL 33445

4. FEI Number

65-0963841

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PCD	PECKER, DAVID	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5401 N.W. BROKEN SOUND BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	CITY-ST-ZIP	
<input type="checkbox"/> Delete			
VTD	MILEY, JOHN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5401 N.W. BROKEN SOUND BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	CITY-ST-ZIP	
<input type="checkbox"/> Delete			
VS	KAHANE, MIKE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5401 NW BROKEN SOUND BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	CITY-ST-ZIP	
<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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:

Mark Brackelman

Mark Brackelman / VP Finance 4-27-04 (561) 998-7392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #