


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90143 025 \*\*\*150.00

<b>DOCUMENT # F01000003587</b> 1. Entity Name <b>AMERICAN MEDIA PROPERTY GROUP, INC.</b>					
Principal Place of Business <b>1000 AMERICAN MEDIA WAY STE A BOCA RATON, FL 33464-1000</b>			Mailing Address <b>C/O TAX DEPARTMENT 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
		04252008      Chg-P      CR2E034 (12/06)		4. FEI Number <b>01-0704153</b>	
		Applied For <input type="checkbox"/> 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  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			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 After May 1, 2008 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PECKER, DAVID 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINTON, BRIAN 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gregg Straus 1000 American Media Way Boca Raton, FL 33464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEIL GARIN, MICHAEL 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Michael Antonello 1000 American Media Way Boca Raton, FL 33464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAHANE, MIKE 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey Sagansky 1000 American Media Way Boca Raton, FL 33464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBERG, SOREN 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITAL, NEERAJ 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY DINOVI 1000 AMERICAN MEDIA WAY BOCA RATON FL 33464
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
_____ <small>Date</small>					
_____ <small>Daytime Phone #</small>					