# F01000003587

(Requestor's Name)	_	
(Address)	_	
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(City/State/Zip/Phone #)		
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: American Media Property Group, Inc
(Name of Corporation)
DOCUMENT NUMBER: F01000003587
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Margie Corbin
(Name of Person)
American Media, Inc
(Firm/Company)
1000 American Media Way
(Address)
Boca Raton, FL 33464-1000
(City/State and Zip code)
For further information concerning this matter, please call:
Margie Corbin at ( 561 ) 989-1335
(Name of Person) (Area Code & Daytime Telephone Number)

#### **MAILING ADDRESS:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

American Media Property Group, Inc	
(Name of Corporation)	
F0100003587	
(Document Number of Corporation (	if known)
(Incorporated Under Laws o	
This corporation is no longer transacting business or conducting af voluntarily surrenders its authority to transact business or conduct at	ffairs in Florida.
This corporation revokes the authority of its registered agent in lappoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flori	based on a cause of action arising during the
The following is a current mailing address for the corporation:	
1000 American Media Way	
(Mailing Address)	
Boca Raton, FL 33464-1000 (City/ State /Zip)	
(City Suito PERP)	
The corporation agrees to notify the Department of State in the future	re of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Terri McGalliard	VP of Tax
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35