

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F01000003588 1. Entity Name AMERICAN MEDIA NEWSPAPER GROUP, INC.	
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Principal Place of Business 1000 AMERICAN MEDIA WAY SUITE A BOCA RATON, FL 33464-1000	Mailing Address C/O TAX DEPARTMENT 1000 AMERICAN MEDIA WAY BOCA RATON, FL 33464-1000
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02012006 No Chg-P CR2EQ34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0963864	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

6. 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. *A A*

SIGNATURE _____
Signature type for printed name of registered agent and title if applicable (Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

000000470597
03/28/06-80020-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PECKER, DAVID 1000 AMERICAN MEDIA WAY BOCA RATON, FL 334641000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEIDEN, MINDY 1000 AMERICAN MEDIA WAY BOCA RATON, FL 334641000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAHANE, MIKE 1000 AMERICAN MEDIA WAY BOCA RATON, FL 334641000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEUTNER, AUSTIN 1000 AMERICAN MEDIA WAY BOCA RATON, FL 334641000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINOVA, ANTHONY 1000 AMERICAN MEDIA WAY BOCA RATON, FL 334641000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITAL, NEERAJ 1000 AMERICAN MEDIA WAY 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* *2-1506 561989132*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #