# F01000003588

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: American Media Newspaper Group, Inc			
(Name of Corporation)			
DOCUMENT NUMBER: F01000003588			
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 <sub>at (</sub> 561 <sub>)</sub> 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 Newspaper Group, Inc .			
(Name of Corporation)			
F01000003588	· suffer		
(Document Number of Corporation (if	known)		
Delaware			
(Incorporated Under Laws of)			
This corporation is no longer transacting business or conducting affavoluntarily surrenders its authority to transact business or conduct affa			
This corporation revokes the authority of its registered agent in Fl appoints the Department of State as its agent for service of process batime it was authorized to transact business or conduct affairs in Florid	sed 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)			
The corporation agrees to notify the Department of State in the future	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