

5/9.

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-09-2002 90036 019 ***150.00

DOCUMENT # F01000003589

1. Entity Name

**AMERICAN MEDIA DISTRIBUTION & MARKETING GROUP, I
 NC.**

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**

92243



DO NOT WRITE IN THIS SPACE

65-0963860

APPLIED FOR

4. FEI Number

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
**PCD
 PECKER, DAVID**
 STREET ADDRESS
5401 N.W. BROKEN SOUND BLVD.
 CITY-ST-ZIP
BOCA RATON FL 33487

TITLE NAME ☐ Delete
**VCFO
 MILEY, JOHN**
 STREET ADDRESS
5401 N.W. BROKEN SOUND BLVD.
 CITY-ST-ZIP
BOCA RATON FL 33487

TITLE NAME ☒ Delete
**VSD
 PRICE, SCOTT.D**
 STREET ADDRESS
5401 N.W. BROKEN SOUND BLVD.
 CITY-ST-ZIP
BOCA RATON FL 33487

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
**VS.
 Mike Kahane**
 STREET ADDRESS
5401 Nw Broken Sound Blvd
 CITY-ST-ZIP
Boca Raton FL 33487

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIKE KAHANE

Date

4/26/02

Daytime Phone #

(561) 989-1225

CR2E034 (9/01)