



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90239 010 \*\*\*150.00

<b>DOCUMENT # F01000003589</b>					
<b>1. Entity Name</b> AMERICAN MEDIA DISTRIBUTION & MARKETING 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</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 65-0963860				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<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</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PCD <b>NAME</b> PECKER, DAVID <b>STREET ADDRESS</b> 1000 AMERICAN MEDIA WAY <b>CITY-ST-ZIP</b> BOCA RATON, FL 33464	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VCFO <b>NAME</b> MILEY, JOHN <b>STREET ADDRESS</b> 5401 N.W. BROKEN SOUND BLVD. <b>CITY-ST-ZIP</b> BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Mital Neeraj <b>NAME</b> 1000 American Media Way <b>STREET ADDRESS</b> BOCA RATON, FL 33464 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> KAHANE, MIKE <b>STREET ADDRESS</b> 1000 AMERICAN MEDIA WAY <b>CITY-ST-ZIP</b> BOCA RATON, FL 33464	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> SEIDEN, MINDY <b>STREET ADDRESS</b> 1000 AMERICAN MEDIA WAY <b>CITY-ST-ZIP</b> BOCA RATON, FL 33464	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BEUTNER, AUSTIN <b>STREET ADDRESS</b> 1000 AMERICAN MEDIA WAY <b>CITY-ST-ZIP</b> BOCA RATON, FL 33464	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DINOVI, ANTHONY <b>STREET ADDRESS</b> 1000 AMERICAN MEDIA WAY <b>CITY-ST-ZIP</b> BOCA RATON, FL 33464	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Mindy Seiden</u> <u>3/16/06</u> <u>561 989 1335</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					



ATTACHMENT  
40032641  
# F01000003589

March 10, 2006

Florida Department of State  
Division of Corporations  
P O Box 6198  
Tallahassee, FL 32314

NATIONAL ENQUIRER

STAR

GLOBE

EXAMINER

SUN

WEEKLY WORLD NEWS

MIRA!

SHAPE

SHAPE EN ESPAÑOL

NATURAL HEALTH

FIT PREGNANCY

MUSCLE & FITNESS HERS

MEN'S FITNESS

MUSCLE & FITNESS

FLEX

COUNTRY WEEKLY

STREET PERFORMANCE  
COMPACT

AMI MINI-MAGS/DIGESTS

AMI SPECIALS

AMI BOOKS

DISTRIBUTION SERVICES INC.

To Whom It May Concern:

RE: 2006 for Profit Corporation Annual Report

Please include the following officer to the 2006 for Profit Corporation Annual Report list:

Carlos Abaunza, Chief Financial Officer  
1000 American Media Way  
Boca Raton, FL 33464-1000

Mr. Abaunza is the CFO for the following legal entities:

American Media Consumer Magazine Group, Inc.	FEIN: 65-0963863
American Media Consumer Entertainment, Inc.	FEIN: 65-0963852
Star Editorial, Inc.	FEIN: 59-2719233
National Enquirer, Inc.	FEIN: 59-2764097
Globe Editorial, Inc.	FEIN: 65-0963859
American Media Operations, Inc.	FEIN: 59-2094424
American Media Mini Mags, Inc.	FEIN: 65-0963854
Mira! Editorial, Inc.	FEIN: 65-0963841
American Media, Inc.	FEIN: 65-0203383
American Media Distribution & Marketing Group, Inc.	FEIN: 65-0963860
American Media Property Group, Inc.	FEIN: 01-0704153
Globe Communications Group	FEIN: 36-2702593
Country Music Media Group, Inc.	FEIN: 65-0462019
National Examiner, Inc.	FEIN: 65-0963855
Distribution Services, Inc.	FEIN: 59-1641185
American Media Newspaper Group, Inc.	FEIN: 65-0963864

If further information is needed, please contact me at (561) 989-1335.

Doris Tawfik  
Tax Analyst