

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005858

FILED
Jan 04, 2012
Secretary of State

Entity Name: NORTH AMERICAN MEDIA GROUP, INC.

Current Principal Place of Business:

12301 WHITEWATER DRIVE
MINNETONKA, MN 55343 US

New Principal Place of Business:

Current Mailing Address:

12301 WHITEWATER DRIVE
MINNETONKA, MN 55343 US

New Mailing Address:

FEI Number: 41-1967698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: PITTMAN, ROBERT
Address: 75 ROCKEFELLER PLAZA 23RD FLOOR
City-St-Zip: NEW YORK, NY 10019 US

Title: D
Name: STUNTZ, MAYO
Address: 75 ROCKEFELLER PLAZA 23RD FLOOR
City-St-Zip: NEW YORK, NY 10019 US

Title: D
Name: LIPSON, HOWARD
Address: 75 ROCKEFELLER PLAZA 23RD FLOOR
City-St-Zip: NEW YORK, NY 10019 US

Title: T
Name: RUSSELL, ANDREW
Address: 75 ROCKEFELLER PLAZA 23RD FLOOR
City-St-Zip: NEW YORK, NY 10019 US

Title: S
Name: MCNICOL, PAUL W M
Address: 75 ROCKEFELLER PLAZA 23RD FLOOR
City-St-Zip: NEW YORK, NY 10019 US

Title: E
Name: GRAVES, MICHAEL
Address: 12301 WHITEWATER DRIVE
City-St-Zip: MINNETONKA, MN 55343 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL E. GRAVES

PRES

01/04/2012

Electronic Signature of Signing Officer or Director

Date