

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005858

FILED
Sep 08, 2004
Secretary of State

Entity Name: AMERICAN MEDIA FOUNDATION, INC.

Current Principal Place of Business:

953 N LAKE ADAIR BLVD
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

953 N LAKE ADAIR BLVD
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3736720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, WADE G
953 N LAKE ADAIR BLVD
ORLANDO, FL 32804

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: PD () Delete
Name: WEST, WADE G
Address: 953 N LAKE ADAIR BLVD
City-St-Zip: ORLANDO, FL 32804

Title: VD () Delete
Name: WEST, BARBARA
Address: 953 N LAKE ADAIR BLVD
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: CUMMINS, WALTER M
Address: 953 N LAKE ADAIR BLVD
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: FLOYD, DANIEL
Address: 953 N LAKE ADAIR BLVD
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WADE G. WEST

PD

09/08/2004

Electronic Signature of Signing Officer or Director

Date