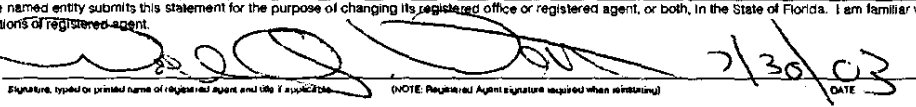
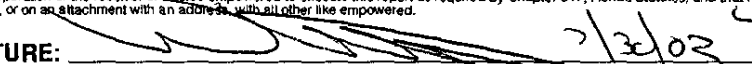


FILED

03 AUG -1 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |                                                                                                                                                                                                   |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # N01000005858                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                                                                                  |                                                                                                                                                 |
| 1. Entity Name<br>AMERICAN MEDIA FOUNDATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |                                                                                                                                                                                                   |                                                                                                                                                 |
| Principal Place of Business<br>655-1 W FULTON ST<br>SANFORD, FL 32771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              | Mailing Address<br>655-1 W FULTON ST<br>SANFORD, FL 32771                                                                                                                                         |                                                                                                                                                 |
| 2. Principal Place of Business<br>953 N. LAKE<br>Suite, Apt. #, etc.<br>ADAIR BLVD<br>City & State<br>ORLANDO, FL<br>Zip<br>32804<br>Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              | 3. Mailing Address<br>953 N. LAKE<br>Suite, Apt. #, etc.<br>ADAIR BLVD<br>City & State<br>ORLANDO, FL<br>Zip<br>32804<br>Country<br>USA                                                           |                                                                                                                                                 |
| 4. FEI Number<br>59-3736720                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              | Applied For<br>Not Applicable                                                                                                                                                                     |                                                                                                                                                 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                                                                                                                                                                                                   |                                                                                                                                                 |
| 6. Name and Address of Current Registered Agent<br>RAMBO, BYRON L<br>655-1 W FULTON ST<br>SANFORD, FL 32771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>WADE G. WEST<br>Street Address (P.O. Box Number is Not Acceptable)<br>953 N. LAKE ADAIR BLVD<br>City<br>ORLANDO<br>FL<br>Zip Code<br>32804 |                                                                                                                                                 |
| 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.<br>SIGNATURE  DATE 7/30/03<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)</small>                                                                                                                                        |                                                                                                              |                                                                                                                                                                                                   |                                                                                                                                                 |
| FILE NOW - FEE IS \$61.25 Initial or Amended UBR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                      |                                                                                                                                                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                             |                                                                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DS<br>RAMBO, BYRON L<br>655-1 W FULTON ST<br>SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | PD<br>WADE G. WEST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>953 N. LAKE ADAIR BLVD<br>ORLANDO, FL 32804  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PD<br>WEST, WADE<br>655-1 W FULTON ST<br>SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | V-D<br>BARBARA WEST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>953 N. LAKE ADAIR BLVD<br>ORLANDO, FL 32804 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TD<br>CUMMINS, WALTER M<br>655-1 W FULTON ST<br>SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | D<br>WALTER CUMMINS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>953 N. LAKE ADAIR BLVD<br>ORLANDO, FL 32804 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | D<br>DANIEL FLOYD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>953 N. LAKE ADAIR BLVD<br>ORLANDO, FL 32804   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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-at-large empowered to execute this report as required by Chapter 617, 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. |                                                                                                              |                                                                                                                                                                                                   |                                                                                                                                                 |
| SIGNATURE:  DATE 7/30/03 407-895-8000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                |                                                                                                                                                 |

GR2037 (10-02)

7/8/4