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03 AUG -1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005858

1. Entity Name
AMERICAN MEDIA FOUNDATION, INC.

600021988976
08/01/03--01037--002 **70.00

Principal Place of Business	Mailing Address
~~655-1 W FULTON ST~~ ~~SANFORD, FL 32771~~	~~655-1 W FULTON ST~~ ~~SANFORD, FL 32771~~

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
953 N. LAKE	953 No. LAKE
Suite, Apt. #, etc. ADAIR BLVD	Suite, Apt. #, etc. ADAIR BLVD
City & State ORLANDO, FL	City & State ORLANDO FL
Zip 32804 Country USA	Zip 32804 Country USA

4. FEI Number 59-3736720 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMBO, BRYAN L ~~655-1 W FULTON ST~~ SANFORD, FL 32771	Name WADE G. WEST Street Address (P.O. Box Number is Not Acceptable) 953 No. LAKE ADAIR BLVD City ORLANDO FL Zip Code 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.

SIGNATURE _____ 7/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RAMBO, BYRON L 655-1 W FULTON ST SANFORD, FL 32771	☒ Delete	TITLE P.D NAME WADE G. WEST STREET ADDRESS 953 N. LAKE ADAIR BLVD CITY-ST-ZIP ORLANDO, FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEST, WADE 655-1 W FULTON ST SANFORD, FL 32771	☒ Delete	TITLE V-D NAME BARBARA WEST STREET ADDRESS 953 No. LAKE ADAIR BLVD CITY-ST-ZIP ORLANDO, FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CUMMINS, WALTER M 655-1 W FULTON ST SANFORD, FL 32771	☒ Delete	TITLE D NAME WALTER CUMMINS STREET ADDRESS 953 N. LAKE ADAIR BLVD CITY-ST-ZIP ORLANDO, FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME DANIEL FLOYD STREET ADDRESS 953 N. LAKE ADAIR BLVD CITY-ST-ZIP ORLANDO, FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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: _____ 7/30/03 407-895-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 8/4