FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY 12 AM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34511** **(6)**

1. Corporation Name
AMERICAN MEDIA OPERATIONS, INC.

Principal Place of Business	Mailing Address
600 SOUTH EAST COAST AVENUE LANTANA FL 33464	600 SOUTH EAST COAST AVENUE LANTANA FL 33464

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/27/1991	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2094424 — ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNITED CORPORATE SERVICES 601 NORTHEAST 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	CALLAHAN, PETER J.	12 NAME	
STREET ADDRESS	600 S. E. COAST AVENUE	13 STREET ADDRESS	000001401520
CITY-ST-ZIP	LANTANA FL	14 CITY-ST-ZIP	-02/09/95--01042--008
TITLE	VS	21 TITLE	****208.75 ☐ Change ☐ Addition
NAME	ROBINOWITZ, MAYNARD	22 NAME	
STREET ADDRESS	600 S. E. COAST AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BOYLAN, MICHAEL J.	32 NAME	
STREET ADDRESS	600 S. E. COAST AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CALDER, IAIN	42 NAME	
STREET ADDRESS	600 S. E. COAST AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COPPEDGE, ROY F., III	52 NAME	
STREET ADDRESS	21 CUSTOM HOUSE ST	53 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	PICKERT, RICHARD	62 NAME	
STREET ADDRESS	600 SE COAST AVE	63 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	64 CITY-ST-ZIP	SCC 5-12-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/19/95 407-586-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD PICKERT

0497142 FN