

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34511 (6)  
1. Corporation Name  
AMERICAN MEDIA OPERATIONS, INC.



Principal Place of Business 600 SOUTH EAST COAST AVENUE LANTANA FL 33464	Mailing Address 600 SOUTH EAST COAST AVENUE LANTANA FL 33464
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1991	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2094424		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Zip	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		
9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES 801 NORTHEAST 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162				10. Name and Address of New Registered Agent	
				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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLAHAN, PETER J.	1.2 NAME	NELSON, PETER A.
STREET ADDRESS	600 S. E. COAST AVENUE	1.3 STREET ADDRESS	600 E. COAST AVE LANTANA, FL 33464
CITY - ST - ZIP	LANTANA FL	1.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINOWITZ, MAYNARD	2.2 NAME	
STREET ADDRESS	600 S. E. COAST AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLAN, MICHAEL J.	3.2 NAME	
STREET ADDRESS	600 S. E. COAST AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDER, IAIN	4.2 NAME	
STREET ADDRESS	600 S. E. COAST AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPEDGE, ROY F., III	5.2 NAME	
STREET ADDRESS	21 CUSTOM HOUSE ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	5.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKERT, RICHARD	6.2 NAME	600002433286
STREET ADDRESS	600 SE COAST AVE	6.3 STREET ADDRESS	-02/17/98--01095--019
CITY - ST - ZIP	LANTANA FL	6.4 CITY - ST - ZIP	***158.75

14. 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 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 \_\_\_\_\_ PETER A. NELSON 2/10/98 561-540-1000

CR2E034 (10/97)