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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34511

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP [] DELETE

NAME CALLAHAN, PETER J.
STREET ADDRESS 600 S. E. COAST AVENUE
CITY-ST-ZIP LANTANA FL

TITLE VS [] DELETE

NAME ROBINOWITZ, MAYNARD
STREET ADDRESS 600 S. E. COAST AVENUE
CITY-ST-ZIP LANTANA FL

TITLE D [] DELETE

NAME BOYLAN, MICHAEL J.
STREET ADDRESS 600 S. E. COAST AVENUE
CITY-ST-ZIP LANTANA FL

TITLE V [] DELETE

NAME NELSON, PETER A.
STREET ADDRESS 600 S. E. COAST AVENUE
CITY-ST-ZIP LANTANA FL 33464

TITLE D [] DELETE

NAME COPPEDGE, ROY F., III
STREET ADDRESS 21 CUSTOM HOUSE ST
CITY-ST-ZIP BOSTON MA

TITLE T [X] DELETE

NAME PICKERT, RICHARD
STREET ADDRESS 600 SE COAST AVE
CITY-ST-ZIP LANTANA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

11 TITLE 0000002785740-8

12 NAME -02/24/99--01072--010

13 STREET ADDRESS ****158.75 ****158.75

14 CITY-ST-ZIP [] Change [] Addition

21 TITLE [] Change [] Addition

22 NAME [] Change [] Addition

23 STREET ADDRESS [] Change [] Addition

24 CITY-ST-ZIP [] Change [] Addition

31 TITLE [] Change [] Addition

32 NAME [] Change [] Addition

33 STREET ADDRESS [] Change [] Addition

34 CITY-ST-ZIP [] Change [] Addition

41 TITLE [] Change [] Addition

42 NAME [] Change [] Addition

43 STREET ADDRESS [] Change [] Addition

44 CITY-ST-ZIP [] Change [] Addition

51 TITLE [] Change [] Addition

52 NAME [] Change [] Addition

53 STREET ADDRESS [] Change [] Addition

54 CITY-ST-ZIP [] Change [] Addition

61 TITLE [] Change [] Addition

62 NAME [] Change [] Addition

63 STREET ADDRESS [] Change [] Addition

64 CITY-ST-ZIP [] Change [] Addition

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 in an attachment with an address, with all other like empowered

SIGNATURE: *Peter C. Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER NELSON

2/22/99

561-540-1000

CR2E034 (11/98)

Date Daytime Phone