May 05, 1999 8:00 am Secretary of State

05-05-1999 90160 017 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000028388

1. Corporation Name

Director of Dustages

AMERICAN MEDIA ASSOCIATES CORP.

Principal Place	e or business	(Kalling Address				1			
4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802			C/O BALL BAKER LEAKE 122 E 42ND ST STE 810						
ONLANDO PE 3	02002	NEW YORK NY 10168				DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualifed			
						03/28/1997			ļ
2. Principal Place of Business 2a. Mailing Address					,	4. FEI Number		A	pplied For
21		26	26			65-0742744		N	ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.					\$8.75	Additional
22	., 200	27	27			5. Certifcate of Status Desired		Fee R	tequired
City & Stat	re	City & State				6. Election Campaign Financing	П	\$5.00	May Be
23		28				Trust Fund Contribution	Ш		to Fees
Zip Country Zip			Country			8. This corporation owes the curre	ent year Inta	 .ngible	
24 25 29			30	30		Personal Property Tax.	-	Yes	□No
	9. Name and Address of Curr					10. Name and Address of New R	egistered A	gent	
				81	Name				
BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC				82		(D.O. D. N. phos is Not Assente	blo\		
4435	OLD WINTER GARDEN ROAD)				ess (P.O. Box Number is Not Accepta	ule)		
ORLANDO FL 32802				83					
						<u> </u>			
				84	City		FL	85 Zip	Code
		500 - 4007 4500 Flori	de Chabidae Abe e			oration submits this statement for the		hanging it	s registered
office or r agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such chan	ge was authorized	a by	the corporation	on's board of directors. I hereby accep	t the appoin	(ment as re	agistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: Registered	1 Apen	nt signature require	d when reinstating)	DATE		
12.		AND DIRECTORS	13,		•	ADDITIONS/CHANGES TO OFF	FICERS ANI	DIRECT	ORS IN 12
TITLE	D 011102101		ELETE 1,1 T	TLE				Change	
NAME	DALTON, RICHARD		1.2 N	AME	j				
	12864 BISCAYNE BLVD.				ADDRESS				
STREET ADDRESS	NORTH MIAMI FL 33181			ITY-S	ì				
CITY-ST-ZIP	NORTH MIAMI PL 33101		ELETE 2.1 T		1-2/			Change	Addition
TITLE			2.2 N						
NAME									
STREET ADDRESS					TADDRESS				
CITY-\$T-ZIP					ST-ZIP			Change	Addition
TITLE		ט ט	ELETE 3,1 T					بالاست. ا	
NAME			3.2 N						
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP					ST-ZIP			Change	Addition
TITLE		∐ D	ELETE 4.1 T					∟ change	Addition
NAME			1	VAME					
STREET ADDRESS			4.3 S	TREET	TADDRESS				
CITY-ST-ZIP				ITY-S	T-ZIP				
TITLE		□0	ELETE 5.1 T					Change	Addition
NAME			5.2 N	AMÉ					
STREET ADDRESS			5.3 S	TREET	TADDRESS				
CITY-ST-ZIP			5.4 C	ITY-5	T-ZIP				
TITLE			ELETE 6.1 T	ITLE				Change	☐ Addition
NAME	1		6.2 N	AME					

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, of on an attachment with any address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP