

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028388

1. Entity Name

AMERICAN MEDIA ASSOCIATES CORP.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90054 037 ***150.00

Principal Place of Business

Mailing Address

4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

C/O BALL BAKER LEAKE
122 E 42ND ST STE 810
NEW YORK NY 10168-0899
US

2. Principal Place of Business

2000 ISLAND BLVD.

Suite, Apt. #, etc.

PH2

City & State
AVENTURA FL

Zip

33160

Country

3. Mailing Address

2000 ISLAND BLVD.

Suite, Apt. #, etc.

PH2

City & State
AVENTURA FL

Zip

33160

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0742744

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

7. Name and Address of New Registered Agent

Name RICHARD DALTON

Street Address (P.O. Box Number is Not Acceptable)
2000 ISLAND BLVD.

PH2

City AVENTURA FL Zip Code 33160

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/29/00
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DALTON, RICHARD	
STREET ADDRESS	12864 BISCAYNE BLVD.	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, RICHARD	
STREET ADDRESS	2000 ISLAND BLVD - PH2	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/29/00

Daytime Phone #

CR2E034 (9/99)