2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2007 8:00 am Secretary of State DOCUMENT # P97000028388 05-03-2007 90033 026 ***150.00 AMERICAN MEDIA ASSOCIATES CORP. Principal Place of Business Mailing Address 3025 NE 190TH ST 3025 NE 190TH ST **STE 305 STE 305** AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 700U uite, Apt.#, etc. CR2E034 (12/06) 04272007 Chg-P City & State 4. FEI Number Applied For 65-0742744 Not Applicable Country_ \$8.75 Additional 5. Certificate of Status Desired 31100 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DALTON, RICHARD 3025 NE 190TH ST **STE 305** AVENTURA, FL 33180 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change BALTON KICHAGO DALTON, RICHARD NAME NAME 7000 ISLAND BLUD, SUITE 1701 STREET ADDRESS 3025 NE 190TH ST. STE 305 STREET ADDRESS AVENTURA, FL 33180 CITY-SI-ZIP CITY-ST-ZP ☐ Addition TITLE ☐ Delete FITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI 6 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition 7m F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attac SIGNATURE:

FILED