


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000028389	
1. Entity Name AMERICAN MEDIA ASSOCIATES CORP.	

Principal Place of Business 7000 ISLAND BLVD. STE 1702 NORTH MIAMI BEACH, FL 33160	Mailing Address 7000 ISLAND BLVD. STE 1702 NORTH MIAMI BEACH, FL 33160 US
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04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0742744	Appeared for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DALTON, RICHARD 7000 ISLAND BLVD. STE 1702 NORTH MIAMI BEACH, FL 33160
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000942161 05/29/08-80009-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALTON, RICHARD 7000 ISLAND BLVD. STE 1702 AVENTURA, FL 33180
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IN THIS SPACE**

12. I hereby 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; that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11; and that I have changed, or on an attachment with an address, within other like empowered.

SIGNATURE: *Richard Dalton* **Richard Dalton** 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #