**PROFIT** CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

# DOCUMENT # P98000083947

### AMERICAN MEDIA HOLDING CORPORATION

Principal Place of Business							
905 BRICKELL BAY DRIVE							
SUITE 1629							
LUALU EL 20121							

1. Corporation Name

Mailing Address

905 BRICKELL BAY DRIVE **SUITE 1629** 

MIAMI FL 33131

## **FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90088 009 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

	•			3. Date incorporated or Qualifed		ł
				09/29/1998	·	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number		ed For
21		26			<del></del>	pplicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22			•	5. Certifcate of Status Desired	\$8.75 Add Fee Requ	ŧ.
- City & State	0 · ~= - <u></u>	City & State		6. Election Campaign Financing	<del>~-⇒=</del> \$5:00-м	ay Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		_
24	25	29 3	0	Personal Property Tax.		No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
<b>7</b> 11111	IFOLISIOTED MOLE		81 Name 2	ENDO CAPITAL	mc.	
	JERMEISTER, WOLF		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	50,15	
	BRICKELL BAY DRIVE		905	BRICKELL BAY	DRIVE	
	E 1629		83 .	Suite 1629		
MIAN	/II FL 33131		84 City		L 85 Zip Co	de
	•		' \lambda	11 ful F	L   33/	31
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the above-named cor	poration submits this statement for the purpose	of changing its re pointment as regis	gistered tered
agent. I a	m familiar with, and accept the objection	ions of, Section 607.0505, Florid	fa Statutes.	ion's board of directors. I hereby accept the app	. /	
SIGNATURE	$\Lambda \Lambda \Lambda$	والمستحميا	- VY ten	ndo Capufel Inc. 2/1 red when reinstating) DATE	11999	
- CIGITATIONE	Signature, typed or privited name of registered agent			red when reinstating) DATE	AND DIDECTOR	2 13 42
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD	☐ DELETE	1,1 TITLE		□ Onlange	
NAME	THEUERMEISTER, WOLF		1.2 NAME			-
STREET ADDRESS	905 BRICKELL BAY DRIVE, SUI	IE 1629	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	2.† TITLE		Gridingo	
NAME			2.2 NAME			
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NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
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CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition
TITLE	,	☐ DELETE	■ i		☐ Otteride	_ Addition
NAME	1		6.2 NAME			
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STREET ADDRESS			6.3 STREET ADDRESS	·		

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

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR