


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Feb 21, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # M06000005714**

1. Entity Name  
**SUMMIT BUSINESS MEDIA, LLC**



Principal Place of Business      Mailing Address

**6000 LOMBARDO CENTER DRIVE  
SUITE 420  
SEVEN HILLS OH 44131**

**6000 LOMBARDO CENTER DRIVE  
SUITE 420  
SEVEN HILLS OH 44131**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/07)

4. FEI Number      Applied For

**51-0605399**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee, if applicable      (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TENBROEK, JAMES P		NAME		
STREET ADDRESS	6000 LOMBARDO CENTER DRIVE, STE 420		STREET ADDRESS		
CITY-ST-ZIP	SEVEN HILLS OH 44131		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REILLY, WILLIAM F		NAME		
STREET ADDRESS	6000 LOMBARDO CENTER DRIVE, STE 420		STREET ADDRESS		
CITY-ST-ZIP	SEVEN HILLS OH 44131		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZIMBALIST, EFREM III		NAME		
STREET ADDRESS	6000 LOMBARDO CENTER DRIVE, STE 420		STREET ADDRESS		
CITY-ST-ZIP	SEVEN HILLS OH 44131		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUMMINGS, ROBERT L		NAME		
STREET ADDRESS	6000 LOMBARDO CENTER DRIVE, STE 420		STREET ADDRESS		
CITY-ST-ZIP	SEVEN HILLS OH 44131		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHINGTON, ALEX E		NAME		
STREET ADDRESS	6000 LOMBARDO CENTER DRIVE, STE 420		STREET ADDRESS		
CITY-ST-ZIP	SEVEN HILLS OH 44131		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, WILLIAM F		NAME		
STREET ADDRESS	6000 LOMBARDO CENTER DRIVE, STE 420		STREET ADDRESS		
CITY-ST-ZIP	SEVEN HILLS OH 44131		CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *James P. Tenbroek* **VP, FINANCE**      2-13-08      216-328-1670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #