

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87623

Entity Name: BUSINESS JOURNAL PUBLICATIONS, INC.**Current Principal Place of Business:**120 W. MOREHEAD ST., SUITE 400
CHARLOTTE, NC 28202**Current Mailing Address:**FOUR TIMES SQUARE
23RD FLOOR
NEW YORK, NY 10036**FEI Number:** 59-3089188**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRES
Name SHAW, WHITNEY R.
Address 120 W. MOREHEAD ST., SUITE 400
City-State-Zip: CHARLOTTE NC 28202

Title VP
Name NEWHOUSE, S. I. JR
Address 4 TIMES SQUARE
City-State-Zip: NEW YORK NY 10036

Title DIR
Name NEWHOUSE, MICHAEL A.
Address FOUR TIMES SQUARE
City-State-Zip: NEW YORK NY 10036

Title TREASURER
Name SHAW, KIRK
Address 120 W. MOREHEAD ST., SUITE 400
City-State-Zip: CHARLOTTE NC 28202

Title VP
Name SHAW, KIRK
Address 120 W. MOREHEAD ST., SUITE 400
City-State-Zip: CHARLOTTE NC 28202

Title VP
Name NEWHOUSE, DONALD E.
Address 4 TIMES SQUARE
City-State-Zip: NEW YORK NY 10036

Title SEC
Name SHAW, WHITNEY R.
Address 120 W. MOREHEAD ST., SUITE 400
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR
Name NEWHOUSE, SAMUEL I. III
Address 4 TIMES SQUARE
City-State-Zip: NEW YORK NY 10036

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A. NEWHOUSE**VICE PRESIDENT****01/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	NEWHOUSE, STEVEN O.
Address	4 TIMES SQUARE
City-State-Zip:	NEW YORK NY 10036