## 70000007/83

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒#</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special instructions to	Filing Officer:	
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SECRE LANGE OF STATE

## **COVER LETTER**

Division of	Section Corporations	
SUBJECT: Prism E	Business Media Inc.	
	(Name of C	orporation)
DOCUMENT NUM	IBER: F00000007183	
The enclosed Statem	ent of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all corr	espondence concerning this matter	to the following:
	Myra Simmo	
	(Name of Cor	ntact Person)
	Capitol Corporate Services R (Firm/Co	egistered Agent Department mpany)
	800 Brazos,	
	(Addi	ress)
	Austin, Tex (City/State an	
For further informati	on concerning this matter, please c	1
	, <sub>f</sub>	
Myra Simmons-Hon (Nam	ner e of Contact Person)	at ( 800 ) 345-4647 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00	check made payable to the Departs	ment of State.
	Mailing Address:	Street Address: Amendment Section
	Amendment Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building

Tallahassee, FL 32314

Return acknowledgment to: MedCapitol Corporate Services, Inc.
P.O. Box 1831 Austin, TX 78767
800/345-4647

2661 Executive Center Circle

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
•	nge is submitted for a corporation organized under the laws of the State of Delaware r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Prism Business Media Inc.
2. The principal	office address249 W. 17th St., New York, NY 10011
3. The mailing a	ddress (if different): 9800 Metcalf, Overland Park, KS 66212
4. Date of incorp	poration/qualification: 12/27/2000 Document number: F00000007183
5. The name and	I street address of the current registered agent and registered office on file with the tment of State:
	NRAI Services, Inc.
	2731 EXECUTIVE PARK DRIVE SUITE 4
	Weston, FL 33331
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office C
	Capitol Corporate Services, Inc.
	155 Office Plaza Dr., Suite A
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
62000	Report A. Fancers Groser Course (Printed or typed same and title)
E facusta des nomaños s	the applintment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Dela	nu Case, assting 9-1-06  guature of Registered Agent) (Date)
	half of an entity:
Delanie Case, Ass	sistant Secretary on behalf of Capitol Corporate Services, Inc. (yped or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)