2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2007 90003 015 ***150.00

FILED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 25 PM 2:20

DOCUMENT # F00000007183

1. Entity Name
PENTON BUSINESS MEDIA, INC.

Principal Place of Business
~~PRISM~~ Penton BUSINESS MEDIA INC
249 W 17TH ST
NEW YORK, NY 10011

Mailing Address
~~PRISM~~ Penton BUSINESS MEDIA INC
9800 METCALF
OVERLAND PARK, KS 66212

05222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1071277

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANUP, BAGARIA
STREET ADDRESS	249 W 17TH ST
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	CEO
NAME	FRENCH, JOHN
STREET ADDRESS	249 W 17TH ST
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	~~VP~~
NAME	~~GEORGE, MAJOREC JR~~
STREET ADDRESS	~~249 W 17TH ST~~
CITY-ST-ZIP	~~NEW YORK, NY 10011~~
TITLE	VPST
NAME	BEY, JESSE O
STREET ADDRESS	249 W 17TH ST
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	CFO Eric Lundberg
NAME	~~GOLDSCHLAGER-PERILY, ANDREA~~
STREET ADDRESS	249 W 17TH ST
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	GC
NAME	FEINBERG, ROBERT
STREET ADDRESS	249 W 17TH ST
CITY-ST-ZIP	NEW YORK, NY 10011

DO NOT WRITE 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #