

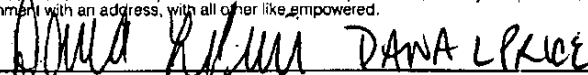
2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90006 033 ***150.00
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TALLAHASSEE, FLORIDA
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DOCUMENT # F01000005742					
1. Entity Name COMMONWEALTH BUSINESS MEDIA, INC.					
Principal Place of Business 50 MILLSTONE ROAD STE 200 EAST WINDSOR, NJ 08520			Mailing Address 50 MILLSTONE ROAD STE 200 EAST WINDSOR, NJ 08520		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3531217	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, ALAN		NAME		
STREET ADDRESS	50 EAST MILLSTONE ROAD, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	EAST WINDSOR, NJ 08520		CITY-ST-ZIP		
TITLE	VTAS	<input checked="" type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, STEPHEN M		NAME	PRICE, DANA	
STREET ADDRESS	50 EAST MILLSTONE ROAD, SUITE 200		STREET ADDRESS	50 Millstone Rd. Suite 200	
CITY-ST-ZIP	EAST WINDSOR, NJ 08520		CITY-ST-ZIP	E. Windsor, NJ 08520	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDEN, MARTIN C		NAME		
STREET ADDRESS	ONE INTERNATIONAL PLACE, SUITE 1450		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, DAVID A		NAME		
STREET ADDRESS	ONE INTERNATIONAL PLACE, SUITE 1450		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, MICHAEL J		NAME		
STREET ADDRESS	50 MILLSTONE ROAD, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	EAST WINDSOR, NJ 08520		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, JAMES A		NAME		
STREET ADDRESS	50 MILLSTONE ROAD, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	EAST WINDSOR, NJ 08520		CITY-ST-ZIP		
12. 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 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: 		6/6/05 609-371-1703			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			