F01000005742

(Red	questor's Name)			
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C Constitute FEB 2 6 200/



U	UN SERVICE COMPANY	
	ACCOUNT NO. : 072100000032	
	REFERENCE : 772020 7	503236
	AUTHORIZATION : Spelle Co	a
	COST LIMIT : \$35.00	
	ORDER DATE : February 22, 2007	
	ORDER TIME : 9:04 AM	
	ORDER NO. : 772020-050	
	CUSTOMER NO: 7503236	
	CHANGE OF AGENT	
	NAME: COMMONWEALTH BUSINESS MEDIA, INC.	
	PLEASE RETURN THE FOLLOWING AS PROOF OF FILING	; ;
	XX PLAIN STAMPED COPY	
	CONTACT PERSON: Heather Chapman	
	EXAMINER'S INITIAL	ıS:
		

STÄTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register	ted under the laws of the State of Delawa	ure	
1. The name of t	he corporation: COMMONWEALTH BUS	INESS MEDIA, INC.		
	office address: 50 Millstone Road, Suite 20			_
3. The mailing a	ddress (if different):			_
4. Date of incorp	poration/qualification: November 5, 2001	Document number: F01000005742		_
	I street address of the current registered ago tment of State:	ent and registered office on file with the		
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324		07 SE	
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered office	FEB 26 PM 2: 17 ECRETARY OF STATE LLAHASSEE. FLORIDA	
	Corporation Service Company		Fig. R	1
	1201 Hays Street		2: 1: STAT FLORI	
	(P.O. Box NOT acceptable)		ē⊓ →	
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of its regis	tered agent,	
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	r so	
anni	Fowler	Annmarie Fowler, Secretary		
(Signati	ire of an officer or director)	(Printed or typed name and title)		
I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity, tes relative to the proper and complete p gation of my position as registered agen registered office address, I hereby conf	performance t. Or, if this irm that the	
By: Mch	Service Company	2-23-07		
(Si	gnature of Registered Agent)	(Date)		
If signing on be	half of an entity:			
	noy, Asst. Vice President			
	Typed or Printed Name)			
	* * * FILING FEI	E: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314