


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90058 008 ***150.00

DOCUMENT # F03000001322	
1. Entity Name UNITED BUSINESS MEDIA HOLDINGS, INC.	

Principal Place of Business 1201 N. ORANGE STREET, SUITE 781 WILMINGTON, DE 19801	Mailing Address 1201 N. ORANGE STREET, SUITE 781 WILMINGTON, DE 19801
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44004443



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082004 Chg-P CR2E034 (10/03)

4. FEI Number
51-0379135

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____
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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, GARY	NAME	
STREET ADDRESS	810 7TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMBROSCIANO, MATTHEW	NAME	
STREET ADDRESS	810 7TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSAK, MICHAEL A JR	NAME	
STREET ADDRESS	810 7TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOZARSKY, SCOTT	NAME	
STREET ADDRESS	810 7TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, MARY ELLEN	NAME	
STREET ADDRESS	810 7TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, ANNMARIE	NAME	
STREET ADDRESS	810 7TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	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: Annmarie Fowler VP & Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #