

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000005714

1. Entity Name

SUMMIT BUSINESS MEDIA, LLC



Principal Place of Business

6000 LOMBARDO CENTER DRIVE
SUITE 420
SEVEN HILLS OH 44131

Mailing Address

6000 LOMBARDO CENTER DRIVE
SUITE 420
SEVEN HILLS OH 44131



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0605399

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

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 fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME TENBROEK, JAMES P
STREET ADDRESS 6000 LOMBARDO CENTER DRIVE, STE 420
CITY-ST-ZIP SEVEN HILLS OH 44131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME REILLY, WILLIAM F
STREET ADDRESS 6000 LOMBARDO CENTER DRIVE, STE 420
CITY-ST-ZIP SEVEN HILLS OH 44131

TITLE ☐ Change ☐ Addition
NAME 000000833677
STREET ADDRESS 02/28/08-90022-019 138.75
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME ZIMBALIST, EFREM III
STREET ADDRESS 6000 LOMBARDO CENTER DRIVE, STE 420
CITY-ST-ZIP SEVEN HILLS OH 44131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME CUMMINGS, ROBERT L
STREET ADDRESS 6000 LOMBARDO CENTER DRIVE, STE 420
CITY-ST-ZIP SEVEN HILLS OH 44131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME WASHINGTON, ALEX E
STREET ADDRESS 6000 LOMBARDO CENTER DRIVE, STE 420
CITY-ST-ZIP SEVEN HILLS OH 44131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME BAKER, WILLIAM F
STREET ADDRESS 6000 LOMBARDO CENTER DRIVE, STE 420
CITY-ST-ZIP SEVEN HILLS OH 44131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

VP, FINANCE

2-13-08

216-328-1670