

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007122

FILED  
Aug 11, 2008  
Secretary of State

Entity Name: UNITED BUSINESS MEDIA LLC

**Current Principal Place of Business:**

600 COMMUNITY DRIVE  
MANHASSET, NY 11030

**New Principal Place of Business:**

**Current Mailing Address:**

600 COMMUNITY DRIVE  
MANHASSET, NY 11030

**New Mailing Address:**

FEI Number: 11-2240940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEVIN, DAVID  
Address: 11 WEST 19TH STREET  
City-St-Zip: NEW YORK, NY 10011

Title: MGR ( ) Delete  
Name: CHAPNICK, PHILIP  
Address: 600 HARRISON STREET  
City-St-Zip: SAN FRANCISCO, CA 94107

Title: MGR ( ) Delete  
Name: FALTERA, ROBERT  
Address: 890 WINTER STREET, SUITE 210  
City-St-Zip: WALTHAM, MA 02541

Title: MGR ( ) Delete  
Name: JOLLA HALL, MARVLIEU  
Address: 600 COMMUNITY DRIVE  
City-St-Zip: MANHASSET, NY 11030

Title: MGR ( ) Delete  
Name: MILLER, PAUL  
Address: 600 HARRISON STREET  
City-St-Zip: SAN FRANCISCO, CA 94107

Title: MGR ( ) Delete  
Name: UPHOFF, TONY  
Address: ONE PARK DRIVE, SUITE 700  
City-St-Zip: IRVINE, CA 92614

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: FOWLER, ANNMARIE  
Address: 11 WEST 19TH STREET  
City-St-Zip: NEW YORK, NY 10011 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNMARIE FOWLER

MGR

08/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date