2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16029

FILED Apr 21, 2009 Secretary of State

Entity Name: ADVANSTAR COMMUNICATIONS INC.

	rincipal Place	e of Business:	New Principal Place	of Business:
	NGTON AVE RK, NY 10022	US		
Current M	/lailing Addres	ss:	New Mailing Addres	s:
31 W. FII	RST STREET			
		US		
El Number	r: 59-2757389	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
200 S. PI	PORATION SYS INE ISLAND RO TION, FL 33324	OAD		
	e named entity e of Florida.	submits this statement for th	e purpose of changing its registere	ed office or registered agent, or both,
IGNATU	RE:			
	Electror	nic Signature of Registered /	\gent	Date
ection Ca	mpaign Financin	g Trust Fund Contribution ().		
FFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR
itle: ame: ddress: ity-St-Zip:	LOGGIA, JOSE 6200 CANOGA		Title: Name: Address: City-St-Zip:	() Change () Addition
tle:	D () TROELLER, SO) Delete COTT	Title: Name:	() Change () Addition
ddress:	350 PARK AVE NEW YORK, N	ENUE	Address: City-St-Zip:	
ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip:	350 PARK AVE NEW YORK, N SEC (HEWINS, WAR	ENUE IY 10022 US) Delete RD GUUARE, SUITE 6A		() Change () Addition
ddress: ity-St-Zip: tle: ame: ddress:	350 PARK AVE NEW YORK, N SEC (HEWINS, WAR DAMONMILL S CONCORD, MA	ENUE IY 10022 US) Delete RD SQUARE, SUITE 6A A 01742 US () Delete LBIE RST STREET	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition
ddress: ity-St-Zip: tte: ame: ddress: ity-St-Zip: tte: ame: ddress:	350 PARK AVE NEW YORK, N SEC () HEWINS, WAR DAMONMILL S CONCORD, M/ VP (X O'BRIEN, SHEI 131 WEST FIR DULUTH, MN { D () LOGGIA, JOE 6200 CANOGA	ENUE IY 10022 US) Delete RD GQUARE, SUITE 6A A 01742 US () Delete LBIE RST STREET 55802 US) Delete	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	

Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE ALPERT

T 04/21/2009