## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

DULUTH MN 55802

131 WEST FIRST STREET

## P16029 **DOCUMENT #**

1. Entity Name

Principal Place of Business

131 WEST FIRST STREET

DULUTH MN 55802

ADVANSTAR COMMUNICATIONS INC.



**FILED** Mar 03, 2003 8:00 am & Secretary of State 03-03-2003 90468 010 \*\*\*150.00

30033141

us	US							
	Place of Business est First Street	3. Mailing Address 131 West F	Mailing Address 131 West First Street		* 1880/1886   181   1840   8/41    401/18   1/40  3/4	I BIBIT BEOFT BIBIT BFA	## <b>                                      </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2757389		Applied For	
Duluth, MN Zip Country		Duluth, MN					Not Applicable	
55802	USA	Zip 55802	Country USA	ļ	5. Certificate of Status Desired [	⊃ <b>\$8.75</b> A Fee Requi		
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Regis	tered Agent		
CT CORPORATION SYSTEM			Name	Name				
1200 S. PINE ISLAND ROAD			Street A	Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			<u> </u>					
PLANTATION PL 33324						•		
<b>T</b>			City			FL Zip Co	ode	
8. The above	named entity submits this statement for	the purpose of changing its r	registered office o	r registere	ed agent, or both, in the State of Florida.	I am familiar wit	h, and accept	
the obliga	tions of registered agent.							
SIGNATURE								
.•	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signa	ture required v	when reinstating)	DATE		
	TLE NOW!!! FEE IS \$150.00				9. Election Campaign Financin	OF	00	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fiorida Department of State					Trust Fund Contribution.		.00 May Be ed to Fees	
10.								
TITLE .	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICER			
NAME	HARTWICK, ADELE D.	☐ Delete	TITLE NAME	VP,	Treasurer & Asst	Sec Y hange	Addition	
STREET ADDRESS	3893 FAUVELLE ROAD		STREET ADDRESS		twick, Adele D.			
CITY-ST-ZIP	DULUTH MN		CITY-ST-ZIP		Fauvelle Road th, MN 55803			
TITLE	CEOD	☐ Delete	TITLE	10010	CH, NN JJOUS	☐ Change	Addition	
NAME	KRAKOFF, ROBERT L.		NAME					
STREET ADDRESS CITY-ST-ZIP	257 COMMONWEALTH AVE #5 BOSTON MA		STREET ADDRESS					
	<del></del>		CITY-ST-ZIP	<del> </del> -				
TITLE NAME	SVCF MONTGOMERY, DAVID W.	☐ Delete	NAME		inance, CFO &_Sec	, Ā ☐ Chaūde	Addition	
STREET ADDRESS	3221 LADY NICHOLE LANE		STREET ADDRESS	Mont	gomery, David W.			
CITY-ST-ZIP	DULUTH MN		CITY-ST-ZIP		Lady Nicole Lane			
TITLE	VPD	☐ Delete	TITLE		th, MN_55803	☐ Change	☐ Addition	
NAME	ALIC, JAMES M.		NAME			LL Grange		
STREET ADDRESS	6 SNOWFLAKE LANE		STREET ADDRESS					
CITY-ST-ZIP	WESTPORT CT	***	CITY-ST-ZIP					
TITLE	PCOO LOGGIA, JOE	☐ Delete	TITLE			. 🔲 Change	Addition	
name Street address	5742 HILLTOP ROAD		NAME STREET ADDRESS					
CITY-ST-ZIP	HIDDEN HILLS CA 91302		CITY-ST-ZIP					
TITLE	VPAS	☐ Delete	TITLE	<del></del>		Change	☐ Addition	
NAME	LISMAN, ERIC	and Dottolo	NAME			L. J Change		
STREET ADDRESS	21 AMANDA ROAD		STREET ADDRESS					
CITY-ST-ZIP	SUDBURY MA 01776	·	CITY-ST-ZIP					
12. Thereby o	ertify that the information supplied with the	is filing does not qualify for the	he exemption stat	ed in Sect	tion 119.07(3)(i), Florida Statutes. I furthe	er 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 Adele D. Hartwick-VP, Treas & Asst Secty Treas & Asst Sec'v

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #