

1.) CORPORATION NAME:

Advanstar Communications Inc.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1552134**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2501 COLORADO AVENUE

CITY/ST/ZIP: SANTA MONICA, CA 90404

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOSEPH LOGGIA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	2501 COLORADO AVE SUITE 280 SANTA MONICA, CA 90404		
CITY/ST/ZIP/CO:			
NAME:	ADELE HARTWICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	131 WEST FIRST STREET DULUTH, MN 55802		
CITY/ST/ZIP/CO:			
NAME:	MICHAEL BERNSTEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2501 COLORADO AVE SUITE 280 SANTA MONICA, CA 90404		
CITY/ST/ZIP/CO:			
NAME:	ALVARO AGUIRRE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 9620 RANCHO SANTA FE, CA 92067		
CITY/ST/ZIP/CO:			
NAME:	LINDSAY CREEDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	505 FIFTH AVENUE 17TH FLOOR NEW YORK, NY 10017		
CITY/ST/ZIP/CO:			
NAME:	CHRISTOPHER RUSSELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	350 PARK AVENUE PLAZA 55 EAST 52ND STREET, 33RD FLOOR NEW YORK, NY 10055		
CITY/ST/ZIP/CO:			

NAME:	DARRYL SCHALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2000 AVENUE OF THE STARTS 12TH FLOOR		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90067		

NAME:	JEFFREY STEVENSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PARK AVENUE PLAZA 55 EAST 52ND ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10055		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ADELE HARTWICK	ADELE HARTWICK, TREASURER	5/16/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.