

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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|----------------------------------|--|-----------------------|-------------------------------------|
| SUBMISSION TYPE: | CORRECTIVE ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | Corrective Assignment to correct the Assignee previously recorded on Reel 003368 Frame 0573. Assignor(s) hereby confirms the Change of name. | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| CMP Healthcare Media Group LLC | | 11/02/2007 | LIMITED LIABILITY COMPANY: DELAWARE |
| RECEIVING PARTY DATA | | | |
| Name: | CMPMedica Group LLC | | |
| Street Address: | 600 Harrison Street | | |
| City: | San Francisco | | |
| State/Country: | CALIFORNIA | | |
| Postal Code: | 94107 | | |
| Entity Type: | LIMITED LIABILITY COMPANY: DELAWARE | | |
| PROPERTY NUMBERS Total: 2 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 3118487 | APPLIED NEUROLOGY | |
| Registration Number: | 3118488 | APPLIED NEUROLOGY | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | (516)467-8532 | | |
| | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> | | |
| Phone: | 516-562-5705 | | |
| Email: | mheddell@ubm-us.com | | |
| Correspondent Name: | Melissa Heddell | | |
| Address Line 1: | 600 Community Drive | | |
| Address Line 4: | Manhasset, NEW YORK 11030 | | |
| NAME OF SUBMITTER: | Melissa Heddell | | |
| Signature: | /melissaheddell/ | | |
| Date: | 11/29/2007 | | |

CH \$65.00 3118487

Total Attachments: 5

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Delaware

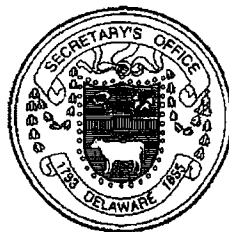
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CMP HEALTHCARE MEDIA GROUP LLC", CHANGING ITS NAME FROM "CMP HEALTHCARE MEDIA GROUP LLC" TO "CMPMEDICA GROUP LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF NOVEMBER, A.D. 2007, AT 11:10 O'CLOCK A.M.

3375676 8100

071183674



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6127684

DATE: 11-02-07

TRADEMARK


REEL: 003670 FRAME: 0019

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION
OF
CMP HEALTHCARE MEDIA GROUP LLC

1. The Name of the Limited Liability Company is CMP Healthcare Media Group LLC.
2. The Certificate of Formation of the limited liability company is hereby amended by striking out Article First thereof and by substituting in lieu of said Article the following new Article:

"First: The name of the Company is CMPMedica Group LLC."
3. The effective date of the amendment herein certified shall be November 2, 2007.

Executed on November 2, 2007.



By: Annmarie Fowler
Title: Secretary

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:12 AM 11/02/2007
FILED 11:10 AM 11/02/2007
SRV 071183674 - 3375676 FILE

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| TRADEMARK ASSIGNMENT |
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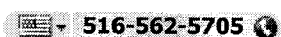
| | | | |
|-----------------------------------|-------------------------------------|---|-------------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | CHANGE OF NAME | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| CMP Healthcare Media LLC | | 11/02/2007 | LIMITED LIABILITY COMPANY: DELAWARE |
| RECEIVING PARTY DATA | | | |
| Name: | CMPMedica LLC | | |
| Street Address: | 600 Harrison Street | | |
| City: | San Francisco | | |
| State/Country: | CALIFORNIA | | |
| Postal Code: | 94107 | | |
| Entity Type: | LIMITED LIABILITY COMPANY: DELAWARE | | |
| PROPERTY NUMBERS Total: 35 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 1455247 | THE PSYCHIATRIC TIMES | |
| Registration Number: | 1598550 | DRUG BENEFIT TRENDS | |
| Registration Number: | 1828235 | THE AIDS READER | |
| Registration Number: | 0737576 | CONSULTANT | |
| Registration Number: | 1879689 | THE JOURNAL OF CRITICAL ILLNESS | |
| Registration Number: | 1436937 | THE JOURNAL OF CRITICAL ILLNESS | |
| Registration Number: | 1854606 | THE JOURNAL OF MUSCULOSKELETAL MEDICINE | |
| Registration Number: | 1457377 | THE JOURNAL OF RESPIRATORY DISEASES | |
| Registration Number: | 1668091 | ONCOLOGY | |

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|----------------------|----------|---|
| Registration Number: | 1768298 | ONCOLOGY NEWS INTERNATIONAL |
| Registration Number: | 1759788 | WHAT'S YOUR DIAGNOSIS? |
| Registration Number: | 2586854 | DIABETES TRENDS |
| Registration Number: | 2593216 | BEHAVIORAL HEALTH TRENDS |
| Registration Number: | 2616695 | INFECTIONS IN MEDICINE |
| Registration Number: | 2652965 | PSYCHIATRIC ISSUES IN EMERGENCY CARE SETTINGS |
| Registration Number: | 2987206 | COAB CLINICAL ONCOLOGY ADVISORY BOARD |
| Registration Number: | 2983295 | WHAT'S THE "TAKE HOME"? |
| Registration Number: | 3080644 | WHAT'S THE "TAKE HOME"? |
| Serial Number: | 78430294 | WHAT'S THE "TAKE HOME"? |
| Registration Number: | 3118488 | APPLIED NEUROLOGY |
| Registration Number: | 3118487 | APPLIED NEUROLOGY |
| Registration Number: | 3074879 | PSYCHIATRIC REPORTER |
| Registration Number: | 3045024 | ADVANCES IN PSYCHIATRIC MEDICINE |
| Registration Number: | 3138227 | CONSULTANT FOR PEDIATRICIANS |
| Serial Number: | 78584981 | CONSULTANT FOR PEDIATRICIANS |
| Registration Number: | 3046145 | DIABETES TRENDS |
| Registration Number: | 3032261 | BEHAVIORAL HEALTH TRENDS |
| Registration Number: | 3153162 | CONSULTANTLIVE.COM |
| Registration Number: | 2195323 | PHYSICIAN'S PRACTICE DIGEST |
| Registration Number: | 2603533 | PHYSICIAN'S PRACTICE |
| Registration Number: | 2804360 | PHYSICIANS PRACTICE PEARLS |
| Registration Number: | 2664237 | PHYSICIANS PRACTICE.COM |
| Registration Number: | 2656183 | PHYSICIANS PRACTICE.COM THE PRACTICE SOLUTIONS CENTER FOR HEALTHCARE PROFESSIONALS |
| Serial Number: | 78905485 | PHYSICIANS PRACTICE PAYER INDEX |
| Registration Number: | 3287208 | ADVANCES IN ONCOLOGY |

CORRESPONDENCE DATA

Fax Number: (516)467-8532

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.



TRADEMARK

Phone:
 Email: mheddell@ubm-us.com
 Correspondent Name: Melissa Heddell
 Address Line 1: 600 Community Drive
 Address Line 2: 4th Floor
 Address Line 4: Manhasset, NEW YORK 11030

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|--------------------|------------------|
| NAME OF SUBMITTER: | Melissa Heddell |
| Signature: | /melissaheddell/ |
| Date: | 11/28/2007 |

Total Attachments: 2
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RECEIPT INFORMATION

ETAS ID: TM100881
 Receipt Date: 11/28/2007
 Fee Amount: \$890