

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90197 026 \*\*\*150.00

DOCUMENT # F00000003834



1. Entity Name  
 INTERNET BROADCASTING SYSTEMS, INC.

Principal Place of Business  
 1333 NORTHLAND DRIVE  
 MENDOTA HEIGHTS, MN 55120

Mailing Address  
 1333 NORTHLAND DRIVE  
 MENDOTA HEIGHTS, MN 55120

24070825



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
 52-2016214

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GEFFS, TOLMAN <input checked="" type="checkbox"/> Delete 1384 BROADWAY 25TH FL NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, REID <input type="checkbox"/> Delete 1333 NORTHLAND DRIVE MENDOTA HEIGHTS, MN 55120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCF JOHANSEN, STEVEN B <input type="checkbox"/> Delete 1333 NORTHLAND DRIVE MENDOTA HEIGHTS, MN 55120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONS, JAMES <input type="checkbox"/> Delete 10400 VIKING DRIVE MENDOTA HEIGHTS, MN 55120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKS, HARRY <input type="checkbox"/> Delete 888 7TH AVE NEW YORK, NY 10106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKIN, TERRY <input type="checkbox"/> Delete 888 7TH AVE NEW YORK, NY 10106

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Steve Goldstein <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Financial Plaza, 120 S. 6th St., Suite 205 Minneapolis, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Wendy Skjerven <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1333 Northland Drive Mendota Heights, MN 55120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO/Treasurer Steven Johansen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1333 Northland Drive Mendota Heights, MN 55120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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.

SIGNATURE: Wendy C. Skjerven Wendy C. Skjerven 4-21-04 651-365-4090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #