

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003834

FILED
Apr 20, 2010
Secretary of State

Entity Name: INTERNET BROADCASTING SYSTEMS, INC.

Current Principal Place of Business:

355 RANDOLPH AVENUE
ST. PAUL, MN 55102

New Principal Place of Business:

Current Mailing Address:

355 RANDOLPH AVENUE
ST. PAUL, MN 55102

New Mailing Address:

FEI Number: 52-2016214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C
Name: GOLDSTEIN, STEVE
Address: 200 OAK STREET SE, SUITE 528
City-St-Zip: MINNEAPOLIS, MN 55455

Title: PCEO
Name: LEBOW, DAVID
Address: 355 RANDOLPH AVENUE
City-St-Zip: ST. PAUL, MN 55102

Title: STCF
Name: JOHANSEN, STEVEN B
Address: 355 RANDOLPH AVENUE
City-St-Zip: ST. PAUL, MN 55102

Title: D
Name: SIMONS, JIM
Address: 10400 VIKING DR, SUITE 550
City-St-Zip: MINNEAPOLIS, MN 55344

Title: D
Name: HAWKS, HARRY
Address: 300 WEST 57TH ST 39TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: D
Name: FRANK, ALAN
Address: 550 WEST LAFFAYETTE BLVD.
City-St-Zip: DETROIT, MI 48226

I hereby 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 all other like empowered.

SIGNATURE: STEVEN B JOHANSEN

STCF

04/20/2010

Electronic Signature of Signing Officer or Director

_____ Date