

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


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90111 029 ***150.00

0649728 AT

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

11020066



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

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

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **52-2016214**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCEO <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEFFS, TOLMAN	NAME	Terry Mackin
STREET ADDRESS	1384 BROADWAY 25TH FL	STREET ADDRESS	888 7th Avenue
CITY-ST-ZIP	NEW YORK NY 10018	CITY-ST-ZIP	New York, NY 10106
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, REID	NAME	
STREET ADDRESS	1333 NORTHLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN 55120	CITY-ST-ZIP	
TITLE	STCF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANSEN, STEVEN B	NAME	
STREET ADDRESS	1333 NORTHLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN 55120	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONS, JAMES	NAME	
STREET ADDRESS	10400 VIKING DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN 55120	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKS, HARRY	NAME	
STREET ADDRESS	888 7TH AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10106	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, DAVID	NAME	
STREET ADDRESS	888 7TH AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10106	CITY-ST-ZIP	

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: *STANISLAVIE SCHWABED* **4/23/03** **651-365-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)