


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003235	
1. Entity Name ARTSPACE PROJECTS, INC.	

Principal Place of Business 250 3RD AVE N. SUITE 500 MINNEAPOLIS, MN 55401	Mailing Address 250 3RD AVE N. SUITE 500 MINNEAPOLIS, MN 55401
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 41-1350071	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

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	P LINDQUIST, L K 250 3RD AVE.N. STE. 500 MINNEAPOLIS, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENNEKE, GARY 250 3RD AVE.N. STE. 500 MINNEAPOLIS, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DEMARS, LOU 7831 GLENROY RD BLOOMINGTON, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, JIM 385 WASHINGTON STREET ST.PAUL, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/15/04-20011-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: L. Kelly Kuntz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/04 612 333
Date Daytime Phone #