


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90533 001 ***450.00

DOCUMENT # P02000047438			
1. Entity Name EXTRA CLEAN MUSIC INC.			
Principal Place of Business 2424 N. FEDERAL HWY., #450 BOCA RATON FL 33431		Mailing Address P.O. BOX 1849 BURNSVILLE MN 55337	
2. Principal Place of Business <i>550 Brickell Ave</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Penthouse Suite</i>		Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State	
Zip <i>33131</i>	Country	Zip	Country

66408510



MOORE CR2E034 (11/03)

4. FEI Number 51-0424197				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURAND, JEFFREY C 2424 N. FEDERAL HWY., #450 BOCA RATON FL 33431			7. Name and Address of New Registered Agent Name <i>Jeff Durand</i> Street Address (P.O. Box Number is Not Acceptable) <i>550 Brickell Ave</i> <i>Penthouse Suite</i> City <i>Miami</i> FL Zip Code <i>33131</i>		
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 <i>Jeffrey C Durand</i> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>				DATE <i>3/20/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DURAND, JEFFREY C P.O. BOX 1849 BURNSVILLE MN 55337	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jeffrey C Durand* *Jeffrey C Durand* *3/20/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #