FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

04-21-2003 90379 027 ***150.00
P02000047438
FILED
03 JUN 23 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047438

1. Entity Name
Extra Clean Music, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2424 N. Federal Hwy
Suite, Apt. #, etc.
450
City & State
Boca Raton, FL
Zip
33431
Country
USA

3. Mailing Address
PO Box 1849
Suite, Apt. #, etc.
City & State
Burnsville, MN
Zip
55337
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0424197
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
Jeffrey C. Durand
Street Address (P.O. Box Number is Not Acceptable)
2424 N. Federal Hwy. #450
City
Boca Raton,
FL
Zip Code
33431

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 Jeffrey C Durand
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 4/2/03

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	Owner, President, & CEO
NAME	Jeffrey C. Durand
STREET ADDRESS	PO Box 1849
CITY-ST-ZIP	Burnsville, MN 55337
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey C Durand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/2/03
Daytime Phone #