

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

REGISTERED AGENT CHANGE

MAGNOLIA HI-FL, INC.

Certificate of Status	0
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Page Count	02 3
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

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TALLAHASSEE FLORIDA

TS

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6/20/2007

06/20 11:03
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TIME : 06/20/2007 11:03
NAME : CT CORP
FAX : 85022227615
TEL : 85022221092
SER.# : BR043J606161

TRANSMISSION VERIFICATION REPORT

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Washington
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Magnolia Hi-Fi, Inc.
2. The principal office address: 7601 PENN AVE. S , TAX DEPT. RICHFIELD MN 55423
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/28/2005 Document number: F05000002595
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

NRAI SERVICES, INC.

2731 EXECUTIVE PARK DRIVE, SUITE 4

WESTIN, FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.



(Signature of an officer or director)

Summer P. Van Attorney-In-Fact

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

By: Michele Miller C T Corporation System

(Signature of Registered Agent)

6/19/07

(Date)

If signing on behalf of an entity:

Michele Miller

Assistant Secretary

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2B045 (8/05)

FL005 - 06/14/2005 C T System Online

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