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TALLAHASSEE, FL 32301  
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\*\*\*35.00 \*\*\*35.00

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

Eastrich No. 105 Corporation

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- NonProfit
- Limited Liability Co.
- Foreign
- Limited Partnership
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Florida Department of State, Jim Smith, Secretary of State

**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, the undersigned corporation organized under the laws of the State of Massachusetts submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Eastrich No. 105 Corporation

1b. Date of incorporation 12/17/93 Document number 9700000974

2. The name and address of the current registered agent and office:

The Prentice-Hall Corporation System Inc.

1201 Hays Street, Suite 105, Tallahassee, FL 32301

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent 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.

[Signature]  
SIGNATURE  
3/20/97  
DATE

Aileen M. Bernardi  
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

C T CORPORATION SYSTEM

SIGNATURE BY: [Signature]  
(Registered Agent)

DATE 4/2/97 CORNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00

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TALLAHASSEE, FLORIDA

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**F9300002209**

address change only

DOCUMENT # **F93000002209 (5)**

1. Corporation Name  
**MUSIC 4 LESS OF TENNESSEE, INC.**



Principal Place of Business Mailing Address  
**3730 VULCAN DRIVE NASHVILLE TN 37211**

3. Date Incorporated or Qualified **05/12/1993** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 2a. Mailing Address  
**21** **26** **P.O. BOX 110566**

4. FEI Number **62-1466885** Applied For Not Applicable

Suite Apt # etc Suite Apt #, etc  
**22** **27**

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

City & State City & State  
**23** **28** **NASHVILLE, TN**

6.  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
**24** **25** **29** **37222-0566** **30**

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**MUSE, PHIL  
4949 INTERNATIONAL DRIVE  
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81: Name  
82: P.O. Box Number's Not Acceptable  
83:  
84: City **FL** 85: Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICERS AND DIRECTORS

12	13
TITLE NAME STREET ADDRESS CITY, ST, ZIP <b>CP DAVIDSON, RANDALL 3730 VULCAN DRIVE NASHVILLE TN 37211</b>	<input type="checkbox"/> DELETE 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP <b>DV DAVIDSON, GREG 3730 VULCAN DRIVE NASHVILLE TN 37211</b>	<input type="checkbox"/> DELETE 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP <b>DV ADAMS, CHARLES H 3730 VULCAN DRIVE NASHVILLE TN 37211</b>	<input type="checkbox"/> DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP <b>DT BENNETT, JOHN P 3730 VULCAN DRIVE NASHVILLE TN 37211</b>	<input type="checkbox"/> DELETE 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP <b>S DAVIDSON, WAYNE 3730 VULCAN DRIVE NASHVILLE TN 37211</b>	<input type="checkbox"/> DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP

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TALLAHASSEE, FLORIDA

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3/20/97

SIGNATURE: *Wayne M. Davidson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97 6158335960  
Date Date Here

CR2F034 (12/95)