

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **829870** (5)  
1. Corporation Name  
**CAMELOT MUSIC INC.**



Principal Place of Business Mailing Address  
8000 FREEDOM AVE NW 8000 FREEDOM AVE NW  
PO BOX 2169 PO BOX 2169  
N CANTON OH 44720-6912 N CANTON OH 44720-0169

3. Date Incorporated or Qualified **04/10/1973** 3a. Date of Last Report **04/30/1996**  
4. FEI Number **34-1033550** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes  Yes  No

**DEBTOR - IN - POSSESSION**

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suits, Apt. #, etc. State, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent, if applicable) (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONK, JAMES E	1.2 NAME	
STREET ADDRESS	8315 LAURA NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	MASSILLON OH	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORN, LEE ANN	2.2 NAME	
STREET ADDRESS	1045 CHELMSFORD, NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH CANTON OH	2.4 CITY-ST-ZIP	
TITLE	EVCF	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JACK K.	3.2 NAME	
STREET ADDRESS	6285 CALIFORNIA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE OH	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Craven*

Susan Craven,  
Asst Secretary 4-28-97 (330)494-2282

CR2E034 (9/96)