

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90047 032 \*\*\*150.00

**DOCUMENT # 839889**

1. Entity Name

**THE MUSICLAND GROUP, INC.**

Principal Place of Business

Mailing Address

10400 YELLOW CIR DR  
MINNETONKA MN 55343  
US10400 YELLOW CIR DR  
MINNETONKA MN 55343-9102  
US

A0050430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

41-1304776

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
C	EUGSTER, JACK	10400 YELLOW CIR. DR.	MINNETONKA MN	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GORMAN, KENNETH F.	10400 YELLOW CIR. DR.	MINNETONKA MN	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WRIGHT, MICHAEL W.	10400 YELLOW CIR. DR.	MINNETONKA MN	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CFO	BENSON, KEITH A	10400 YELLOW CIR. DR.	MINNETONKA MN	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPT	NERMY, JAMES D	10400 YELLOW CIR. DR.	MINNETONKA MN	<input type="checkbox"/>		NERMY			<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPS	HOARD, HEIDI M	10400 YELLOW CIR. DR.	MINNETONKA MN	<input type="checkbox"/>		MINNETONKA MN 55343			<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)