

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90115 014 ***150.00

DOCUMENT # 839889

1. Entity Name

THE MUSICLAND GROUP, INC.

Principal Place of Business

**10400 YELLOW CIR DR
 MINNETONKA MN 55343
 US**

Mailing Address

**10400 YELLOW CIR DR
 MINNETONKA MN 55343
 US**

2. Principal Place of Business

7075 Flying Cloud Dr

3. Mailing Address

7075 Flying Cloud Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Tax Dept

City & State

Eden Prairie, mn

City & State

Eden Prairie, mn

Zip

55344

Country

USA

Zip

55344

Country

USA

4. FEI Number

41-1307776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	C			<input checked="" type="checkbox"/>
	EUGSTER, JACK	10400 YELLOW CIR. DR.	MINNETONKA MN	
	D			<input checked="" type="checkbox"/>
	GORMAN, KENNETH F.	10400 YELLOW CIR. DR.	MINNETONKA MN	
	D			<input checked="" type="checkbox"/>
	WRIGHT, MICHAEL W.	10400 YELLOW CIR. DR.	MINNETONKA MN	
	CFO			<input checked="" type="checkbox"/>
	BENSON, KEITH A	10400 YELLOW CIR. DR.	MINNETONKA MN	
	VPT			<input checked="" type="checkbox"/>
	NERKYR, JAMES D	10400 YELLOW CIR. DR.	MINNETONKA MN 55343	
	VPS			<input checked="" type="checkbox"/>
	HOARD, HEIDI M	10400 YELLOW CIR. DR.	MINNETONKA MN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Kevin Freeland	7075 Flying Cloud Dr	Eden Prairie, mn 55344		
	VP/S			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Joseph M. Joyce	7075 Flying Cloud Dr	Eden Prairie, mn 55344		
	VP			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Connie Fuhrman	7075 Flying Cloud Dr	Eden Prairie, mn 55344		
	AT			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Constance Kotula	7075 Flying Cloud Dr	Eden Prairie, mn 55344		
				<input type="checkbox"/>	<input type="checkbox"/>
				<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:

Constance Kotula
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)