

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90338 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 839889

1. Entity Name
THE MUSICLAND GROUP, INC.



Principal Place of Business
7075 FLYING CLOUD DR.
EDEN PRAIRIE, MN 55344 US

Mailing Address
7075 FLYING CLOUD DR.
ATTN: TAX DEPT.
EDEN PRAIRIE, MN 55344 US

2. Principal Place of Business
7601 Penn Ave S

3. Mailing Address
PO Box 9312



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
Tax Dept

Suite, Apt. #, etc.
Tax Dept

City & State
Richfield, MN

City & State
Minneapolis, MN

4. FEI Number
41-1307776

Applied For
☐ Not Applicable

Zip
55423

Country
US

Zip
55440

Country
US

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **FREELAND, KEVIN**
STREET ADDRESS **7075 FLYING CLOUD DR.**
CITY-ST-ZIP **EDEN PRAIRIE, MN 55344**

TITLE **VS** ☒ Delete
NAME **JOYCE, JOSEPH M**
STREET ADDRESS **7075 FLYING CLOUD CR.**
CITY-ST-ZIP **EDEN PRAIRIE, MN 55344**

TITLE **VP** ☒ Delete
NAME **FUHRMAN, CONNIE**
STREET ADDRESS **7075 FLYING CLOUD DR.**
CITY-ST-ZIP **EDEN PRAIRIE, MN 55344**

TITLE **AT** ☒ Delete
NAME **KOTULA, CONSTANCE**
STREET ADDRESS **7075 FLYING CLOUD DR.**
CITY-ST-ZIP **EDEN PRAIRIE, MN 55344**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **Connie Fuhrman**
STREET ADDRESS **10400 Yellow Circle Dr**
CITY-ST-ZIP **Minnetonka, MN 55343**

TITLE **VP** ☐ Change ☒ Addition
NAME **David Berg**
STREET ADDRESS **10400 Yellow Circle Dr**
CITY-ST-ZIP **Minnetonka, MN 55343**

TITLE **VP** ☐ Change ☒ Addition
NAME **Robert Faulkner**
STREET ADDRESS **10400 Yellow Circle Dr**
CITY-ST-ZIP **Minnetonka, MN 55343**

TITLE **AT** ☐ Change ☒ Addition
NAME **Julie Miller**
STREET ADDRESS **7601 Penn Ave. S.**
CITY-ST-ZIP **Richfield, MN 55423**

TITLE **VP** ☐ Change ☒ Addition
NAME **Jim Muehlbauer**
STREET ADDRESS **10400 Yellow Circle Dr**
CITY-ST-ZIP **Minnetonka, MN 55343**

TITLE ☐ Change ☒ Addition
NAME **Darren Jackson**
STREET ADDRESS **7601 Penn Ave. S.**
CITY-ST-ZIP **Richfield, MN 55423**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julie Miller

Julie Miller

Asst Treasurer

4/4/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)