

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

FILED
Jan 24 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 # F93000002209 (5)

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

Principal Place of Business
3730 VULCAN DRIVE
NASHVILLE TN 37211

Mailing Address
3730 VULCAN DRIVE
NASHVILLE TN 37211-3314



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1993	3a. Date of Last Report 06/25/1996
21	26			4. FEI Number 62-1466885	Applied For Not Applicable
22	27			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, RANDALL	1.2 NAME	
STREET ADDRESS	3730 VULCAN DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN 37211	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, GREG	2.2 NAME	
STREET ADDRESS	3730 VULCAN DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN 37211	2.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, CHARLES H	3.2 NAME	
STREET ADDRESS	3730 VULCAN DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN 37211	3.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JOHN P	4.2 NAME	
STREET ADDRESS	3730 VULCAN DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN 37211	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, WAYNE	5.2 NAME	
STREET ADDRESS	3730 VULCAN DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN 37211	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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: *Bookup* *Bookup* *615-833-8960*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)