

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

FILED  
Apr 16 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 # **F93000004061 (8)**

1. Corporation Name

**MEDIA PLAY, INC.**

Principal Place of Business

**10400 YELLOW CIRCLE DRIVE  
MINNEAPOLIS MN 55343-9102**

Mailing Address

**10400 YELLOW CIRCLE DRIVE  
MINNEAPOLIS MN 55343-9102**



3. Date Incorporated or Qualified

**09/01/1993**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**41-1728077**

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. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EUGSTER, JACK	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNEAPOLIS MN 55343	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	NERMYR, JAMES D	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HOARD, HEIDI	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	TRACEY, DOUGLAS M	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SCULLY, TIMOTHY	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNEAPOLIS MN 55343	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	JOHNSON, REID	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>Minnetonka MN 55343</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>Minnetonka MN 55343</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>Minnetonka MN 55343</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

*James D Nermyr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James D Nermyr**

Date

**(612) 931-8800**

Daytime Phone #

CR2E034 (9/96)