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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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F93000004061 (8)

MEDIA PLAY, INC.

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business 10400 YELLOW CIRCLE DRIVE 10400 YELLOW CIRCLE DRIVE MINNEAPOLIS MN 55343-9102 MINNEAPOLIS MN 55343-9102 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1993 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 41-1728077 21 Not Applicable 26 \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc. \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zio This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM **B1** Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 majistured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. PD DELETE Change Addition TITLE 1.1 TITLE EUGSTER, JACK NAME 1.2 NAME 10400 YELLOW CIRCLE DRIVE STREET ADDRESS 1.3 STREET ADDRESS MINNETONKA MN CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **NERMYR. JAMES D** 2.2 NAME NAME 10400 YELLOW CIRCLE DRIVE STREET ADDRESS 2.3 STREET ADDRESS MINNETONKA MN CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 311ITLE HOARD, HEIDI NAME 3.2 NAME **10400 YELLOW CIRCLE DRIVE** STREET ADDRESS 3.3 STREET ADDRESS MINNETONKA MN CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE TRACEY, DOUGLAS M 4. 2 NAME NAME 10400 YELLOW CIRCLE DRIVE STREET ADDRESS 4.3 STREET ADDRESS MINNETONKA MN CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE SCULLY, TIMOTHY 5.2 NAME NAME 10400 YELLOW CIRCLE DRIVE STREET ADDRESS 5.3 STREET ADDRESS MINNETONKA MN CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE JOHNSON, REID .. KEITH A. BENSON NAME 6.2 NAME 10400 YELLOW CIRCLE DRIVE STREET ADDRESS 6.3 STREET ADDRESS MINNETONKA MN CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.

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11000 (100) 924825