

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90105 032 ***150.00

DOCUMENT # F93000004061

1. Entity 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**

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

41-1728077

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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	PD EUGSTER, JACK 10400 YELLOW CIRCLE DRIVE MINNETONKA MN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT NERMYR, JAMES D 10400 YELLOW CIRCLE DRIVE MINNETONKA MN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOARD, HEIDI 10400 YELLOW CIRCLE DRIVE MINNETONKA MN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP TRACEY, DOUGLAS M 10400 YELLOW CIRCLE DRIVE MINNETONKA MN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SCULLY, TIMOTHY 10400 YELLOW CIRCLE DRIVE MINNETONKA MN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BENSON, KEITH A 10400 YELLOW CIRCLE DRIVE MINNETONKA MN	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kevin Freland 7075 Flying Cloud Dr Eden Prairie, MN 55344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Joseph Joyce 7075 Flying Cloud Dr Eden Prairie, MN 55344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Connie Fuchman 7075 Flying Cloud Dr Eden Prairie, MN 55344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Constance Kotula 7075 Flying Cloud Dr Eden Prairie, MN 55344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 4/16/02 952/947-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)