

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90847 014 ***150.00

DOCUMENT # F95000005349

1. Entity Name

MUSICLAND STORES CORPORATION

Principal Place of Business

Mailing Address

**10400 YELLOW CIRCLE DRIVE
 MINNETONKA MN 55343**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1623376

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



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, 2000 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	PCEO	<input type="checkbox"/> Delete
NAME	EUGSTER, JACK	
STREET ADDRESS	10400 YELLOW CIRCLE DR.	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	BENSON, KEITH A	
STREET ADDRESS	10400 YELLOW CIRCLE DR.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	NEMYR, JAMES D	
STREET ADDRESS	10400 YELLOW CR DR	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HOARD, HEIDI M	
STREET ADDRESS	10400 YELLOW CR DR	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOW, JOSIAH O III	
STREET ADDRESS	10400 YELLOW CR DR	
CITY-ST-ZIP	MINNETONKA MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. NEMYR 4-11-00 612-931-8215

Date

Daytime Phone #

CR2E034 (9/99)