

2002 UNIFORM BUSINESS REGISTER (UBR)

DOCUMENT # M01000001544

1. Entity Name
HANDLEMAN ENTERTAINMENT RESOURCES L.L.C.

Principal Place of Business

500 KIRTS BLVD.
TROY MI 48064-4142

Mailing Address

500 KIRTS BLVD.
TROY MI 48064-4142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
SEE ATTACHED LISTTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400008527034
10/22/02--01130--001 **50.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
REINSTATEMENT 2002TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
MNTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
11/15/02--01016--003 **100.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10-15-2002 (48)362-4400

CR2E083 (4/02)

HENDLEMAN ENTERTAINMENT RESOURCES, L.L.C.
LIST OF MEMBERS AND MANAGERS

NAME	TITLE	BUSINESS ADDRESS
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Members

HANDLEMAN COMPANY	MEMBER	500 KIRTS BLVD, TROY, MI 48084
HANDLEMAN DISTRIBUTION CO.	MEMBER	500 KIRTS BLVD, TROY, MI 48084

Managers

THOMAS SCHMID	PRESIDENT	500 KIRTS BLVD, TROY, MI 48084
TOD MILLARD	VICE PRESIDENT	500 KIRTS BLVD, TROY, MI 48084
THOMAS C. BRAUM, JR.	VICE PRESIDENT/CORPORATE CONTROLLER	500 KIRTS BLVD, TROY, MI 48084
KENNETH P. KARTJE	SECRETARY/TREASURER	500 KIRTS BLVD, TROY, MI 48084

BN

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02 NOV -7 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA