

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90033 020 ****50.00

DOCUMENT # M01000001544

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



Principal Place of Business
**500 KIRTS BLVD.
TROY, MI 48084-4142**

Mailing Address
**500 KIRTS BLVD.
TROY, MI 48084-4142**



04042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3597942

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SCHMID, THOMAS
500 KIRTS BLVD.
TROY, MI 480844142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HEIDEL, MARK
500 KIRTS BLVD.
TROY, MI 480844142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCC
BRAUM, THOMAS C JR.
500 KIRTS BLVD.
TROY, MI 480844142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
KARTJE, KENNETH P
500 KIRTS BLVD.
TROY, MI 480844142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILSON, SCOTT
500 KIRTS BLVD
TROY, MI 48084**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

KENNETH P. KARTJE

4-6-06

(248) 362-4400

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

NAME	TITLE	BUSINESS ADDRESS
------	-------	------------------

Members

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

Managers

SCOTT WILSON	PRESIDENT	500 KIRTS BLVD, TROY, MI 48084
--------------	-----------	--------------------------------

THOMAS SCHMID	VICE PRESIDENT	500 KIRTS BLVD, TROY, MI 48084
---------------	----------------	--------------------------------

MARK HEIDEL	VICE PRESIDENT	500 KIRTS BLVD, TROY, MI 48084
-------------	----------------	--------------------------------

THOMAS C. BRAUM, JR	SENIOR V.P./FINANCE, TREASURER & CFO	500 KIRTS BLVD, TROY, MI 48084
---------------------	--------------------------------------	--------------------------------

KENNETH P. KARTJE	CORPORATE SECRETARY	500 KIRTS BLVD, TROY, MI 48084
-------------------	---------------------	--------------------------------

ATTACHMENT

20030430
#M01000001544