

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001544

1. Entity Name

HANDLEMAN ENTERTAINMENT RESOURCES L.L.C.



**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90565 048 \*\*\*\*50.00

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

Mailing Address  
500 KIRTS BLVD.  
TROY MI 48084-4142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHMID, THOMAS 500 KIRTS BLVD. TROY MI 48084-4142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLARD, TOD 500 KIRTS BLVD. TROY MI 48084-4142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAUM, THOMAS C JR. 500 KIRTS BLVD. TROY MI 48084-4142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KARTJE, KENNETH P 500 KIRTS BLVD. TROY MI 48084-4142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached List	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

KENNETH P. KARTJE 4-23-03/248/362-4400

CR2E083 (10/02)

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

Handwritten signature

800685903  
40100000574

NAME	TITLE	BUSINESS ADDRESS
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Members

HANDLEMAN COMPANY  
HANDLEMAN DISTRIBUTION CO.

MEMBER  
MEMBER

500 KIRTS BLVD, TROY, MI 48084  
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