2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
2003 APR 11 PM 9:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001100

1. Entity Name
BESTBUY.COM, LLC

Principal Place of Business	Mailing Address
7075 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344	7075 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344

2. Principal Place of Business	3. Mailing Address
7601 Penn Ave. S.	Po Box 9312
Suite, Apt. #, etc.: Tax Dept	Suite, Apt. #, etc.: Tax Dept
City & State: Richfield, MN	City & State: Minneapolis, MN
Zip: 55423 Country:	Zip: 55440 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **41-1953804** ☐ 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	MGRM BEST BUY STORES LP 7075 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100015766431 04/11/03--01074--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Constance Kotula Constance Kotula Asst Treasurer 4/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #