

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004305

1. Entity Name  
VALUE MUSIC CONCEPTS INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90116 042 \*\*\*150.00

Principal Place of Business  
825-C FRANKLIN COURT  
MARIETTA GA 30067

Mailing Address  
825-C FRANKLIN COURT  
MARIETTA GA 30067-8944



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-2076390		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. 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.

SIGNATURE \_\_\_\_\_ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, ROBERT G		NAME		
STREET ADDRESS	825-C FRANKLIN COURT		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30067		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALLER, ROBERT I		NAME		
STREET ADDRESS	825-C FRANKLIN COURT		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30067		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, JOAN U		NAME		
STREET ADDRESS	825-C FRANKLIN COURT		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30067		CITY-ST-ZIP		
TITLE	VPFT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIRKELL, THOMAS J		NAME		
STREET ADDRESS	825 C FRANKLIN COURT		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		CITY-ST-ZIP		
TITLE	VPM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POEHNER, BRIAN		NAME		
STREET ADDRESS	825-C FRANKLIN COURT		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		CITY-ST-ZIP		
TITLE	VPO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BRIAN		NAME		
STREET ADDRESS	825-C FRANKLIN COURT		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		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 like empowered.

SIGNATURE: [Signature] 2/24/2000 770 918 2115 X13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)