

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90185 023 \*\*\*150.00

**DOCUMENT # F98000000467**

1. Entity Name

**GEORGIA MUSIC SUPPLY, INC.**

Principal Place of Business

Mailing Address

**4300-D HIGHLANDS PKWY., S.E.  
 SMYRNA GA 30082**

**4300-D HIGHLANDS PKWY., S.E.  
 SMYRNA GA 30082-5127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-1265999**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, AMY  
 317 S. NORTHLAKE BLVD., #1008  
 ALTAMONTE SPRINGS FL 32701**

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

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

(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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DECOURCY, RICHARD F</b>	
STREET ADDRESS	<b>4300-D HIGHLANDS PKWY., S.E.</b>	
CITY-ST-ZIP	<b>SMYRNA GA 30082</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DECOURCY, KENNETH N</b>	
STREET ADDRESS	<b>4300-D HIGHLANDS PKWY., S.E.</b>	
CITY-ST-ZIP	<b>SMYRNA GA 30082</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PEEPLES, RUTH J</b>	
STREET ADDRESS	<b>4300-D HIGHLANDS PKWY., S.E.</b>	
CITY-ST-ZIP	<b>SMYRNA GA 30082</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SPENCER-DECOURCY, JULIE</b>	
STREET ADDRESS	<b>4300-D HIGHLANDS PKWY., S.E.</b>	
CITY-ST-ZIP	<b>SMYRNA GA 30082</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Florida Regional v. P. Sales</b>	
STREET ADDRESS	<b>Amy G. Sanchez</b>	
CITY-ST-ZIP	<b>317 S. Northlake Blvd. # 1008</b>	
	<b>Altamonte Springs, FL 32701</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 I am empowered.

SIGNATURE: *Richard F. Decourcy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 770 333-9500  
 Date Daytime Phone #

CR2E034 (9/99)