

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90294 003 ***150.00

DOCUMENT # F98000000467

1. Entity Name
GEORGIA MUSIC SUPPLY, INC.

Principal Place of Business
**4300-D HIGHLANDS PKWY., S.E.
 SMYRNA GA 30082**

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



DO NOT WRITE IN THIS SPACE

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

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, 2002 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 Delete
 NAME **DECOURCY, RICHARD F**
 STREET ADDRESS **4300-D HIGHLANDS PKWY., S.E.**
 CITY-ST-ZIP **SMYRNA GA 30082**

TITLE Change Addition
Director

TITLE Delete
 NAME **DECOURCY, KENNETH N**
 STREET ADDRESS **4300-D HIGHLANDS PKWY., S.E.**
 CITY-ST-ZIP **SMYRNA GA 30082**

TITLE Change Addition

TITLE Delete
 NAME **SPENCER-DECOURCY, JULIE**
 STREET ADDRESS **4300-D HIGHLANDS PKWY., S.E.**
 CITY-ST-ZIP **SMYRNA GA 30082**

TITLE Change Addition

TITLE Delete
 NAME **SANCHEZ, AMY G**
 STREET ADDRESS **317 S. NORTHLAKE BLVD. #1008**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE Change Addition

TITLE Delete
 NAME **SNYDER, STEPHEN C**
 STREET ADDRESS **4300 D HIGHLANDS PKWY SE**
 CITY-ST-ZIP **SMYRNA GA 30082**

TITLE Change Addition
President

TITLE Delete

TITLE Change Addition

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: Julie Spencer-Decourcy Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/9/02 770 333-9500 Daytime Phone #

CFR2E034 (9/01)