

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 MAY -7 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212004 Chg-P CR2E034 (10/03)

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-1265999	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SANCHEZ, AMY 317 S. NORTHLAKE BLVD., #1008 ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name: Fred Leemhuis Street Address (P.O. Box Number is Not Acceptable): 5771 W. Sunrise Blvd. City: Plantation FL Zip Code: 33313		
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: <i>Fred N. Leemhuis</i>		Fred N. Leemhuis		DATE: 4/20/04	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPENCER-DECOURCY, JULIE 4300-D HIGHLANDS PKWY., S.E. SMYRNA, GA 30082	<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	VP SANCHEZ, AMY G 317 S. NORTHLAKE BLVD. #1008 ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300036551613 05/18/04-01053-005 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, STEPHEN C 4300 D HIGHLANDS PKWY SE SMYRNA, GA 30082	<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	
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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	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Julie Spencer-DeCourcy</i>		Julie Spencer-DeCourcy		DATE: 4/20/04 770 333-9500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	