2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04 MAY -7 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number 58-1265999 — Applied For / Not Applicable

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: 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: Fred N. Leemhuis — Fred N. Leemhuis — 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, AMY G 317 S. NORTHLAKE BLVD. #1008 ALTAMONTE SPRINGS, FL 32701 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300036551613 05/18/04--01053--005 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, STEPHEN C 4300 D HIGHLANDS PKWY SE SMYRNA, GA 30082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Julie Spencer-DeCourcy — Julie Spencer-DeCourcy Sec/Treas — 4/26/04 — 770 333-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #