UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

SCHEDULE 13G (RULE 13d-2)

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO 13d-2 (AMENDMENT NO. 1)*

> GLOBAL PAYMENTS INC. (Name of Issuer)

COMMON STOCK, NO PAR VALUE (Title of Class of Securities)

37940X102 (CUSIP Number)

DECEMBER 31, 2002 (Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

[X] Rule 13d-1(b)

[] Rule 13d-1(c)

[] Rule 13d-1(d)

* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

SCHEDULE 13G

CUSIP	NO. 37940)X102	-		 PAGE 	E 2 OF 4	PAGES		
1	SS. Mass	NAME OF REPORTING PERSON SS. OR I.R.S IDENTIFICATION NO. OF ABOVE PERSON Massachusetts Financial Services Company ("MFS") I.R.S. Identification No.: 04-2747644							
2	CHEC	CK THE A	PPROPRI	ATE BOX IF A MEMBER			L) [] >) []		
3	SEC USE ONLY								
4	CITIZENSHIP OR PLACE OF ORGANIZATION Delaware								
	NUMBER OF		5	SOLE VOTING POWER					
BE	ENEFICIALI OWNED BY EACH REPORTING		6	SHARED VOTING POW	ER				

PERSON WITH								
		7	SOLE DISPOSITIVE POWER					
			661,234					
		8	SHARED DISPOSITIVE POWER					
			0					
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 661,234 shares of common stock of which shares are also beneficially owned by certain other non-reporting entities as well as MFS.							
10	CHECK BOX []	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES []						
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)							
	1.80%							
12	TYPE OF RE							
	IA							
SCHEDULE 1	3G							
CUSIP NO.	37940X102			PAGE 3 OF 4 PAGES				
ITEM 1(a).	NAME OF IS	SUER:						
S	ee Cover Pa	ige.						
ITEM 1(b).	ADDRESS OF	'ISSUER'S	PRINCIPAL EXECUTIVE OFFICES:	:				
F	'our Corpora	ite Sqaure,	, Atlanta, GA 30329-2009					
ITEM 2(a).	NAME OF PE	RSON FILI	NG:					
S	ee Item 1 o	on Page 1.						
ITEM 2(b).	ADDRESS OF	PRINCIPAI	L OFFICES OR, IF NONE, RESIDE	ENCE:				
5	00 Boylston	Street, B	Boston, MA 02116					
ITEM 2(c).	CITIZENSHI	P:						
S	ee Item 4 o	on Page 2						
ITEM 2(d).	TITLE OF C	LASS OF SI	ECURITIES:					
S	ee Cover Pa	ige						
ITEM 2(e).	CUSIP NUMB	BER:						
S	ee Cover Pa	ige						
ITEM 3.								
S	ee Item 12	on Page 2						
ITEM 4. OW	NERSHIP:							
			Items 5-11 on the cover p y reference.	bage (page 2) of this				
			SCHEDULE 13G					

CUSIP NO. 37940X102

PAGE 4 OF 4 PAGES

ITEM 5. OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS.

If this statement is being filed to report the fact that as of the date hereof the reporting person had ceased to be the beneficial owner of more than five percent of the class of securities, check the following [X]

ITEM 6. OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON.

Not applicable.

Item 7. Identification and Classification of the Subsidiary Which Acquired the SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY.

Not Applicable.

ITEM 8. IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP.

Not Applicable.

ITEM 9. NOTICE OF DISSOLUTION OF GROUP.

Not Applicable.

ITEM 10. CERTIFICATION.

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Dated: February 11, 2003

Massachusetts Financial Services Company

By: /s/ STEPHEN E. CAVAN Stephen E. Cavan

Senior Vice President, Secretary and General Counsel

The original statement shall be signed by each person on whose behalf the statement is filed or his authorized representative. If the statement is signed on behalf of a person by his authorized representative other than an executive officer or general partner of the filing person, evidence of the representative's authority to sign on behalf of such person shall be filed with the statement, provided, however, that a power of attorney for this purpose which is already on file with the Commission may be incorporated by reference. The name and any title of each person who signs the statement shall be typed or printed beneath his signature.

ATTENTION. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT CONSTITUTE FEDERAL CRIMINAL VIOLATIONS (SEE 18 U.S.C. 1001).