

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90306 001 \*\*\*150.00

**DOCUMENT # F01000003741**

1. Entity Name  
**EARTH ANGEL ENTERTAINMENT, INC.**



Principal Place of Business  
**2558 ROBERT TRENT JONES DRIVE APT.  
ORLANDO, FL 32835**

Mailing Address  
**4146 NEW SCHOOL ROAD  
BLACKSHEAR, GA 31516**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**58-2510616**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SISSON, LARRY  
218 SOUTHERN COUNTRY LANE  
QUINCY, FL 32351**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *	PD	<input type="checkbox"/> Delete
NAME	DELOACH, ASHLEE N	
STREET ADDRESS	4146 NEW SCHOOL ROAD	
CITY-ST-ZIP	BLACKSHEAR, GA 31516	
TITLE *	SD	<input type="checkbox"/> Delete
NAME	DELOACH, TERRI	
STREET ADDRESS	4146 NEW SCHOOL ROAD	
CITY-ST-ZIP	BLACKSHEAR, GA 31516	
TITLE *	CD	<input type="checkbox"/> Delete
NAME	DELOACH, DAVID	
STREET ADDRESS	4146 NEW SCHOOL ROAD	
CITY-ST-ZIP	BLACKSHEAR, GA 31516	
TITLE *	D	<input type="checkbox"/> Delete
NAME	DELOACH, NIKKI	
STREET ADDRESS	4146 NEW SCHOOL ROAD	
CITY-ST-ZIP	BLACKSHEAR, GA 31516	
TITLE *		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE *		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03  
Date

(912) 449-2077  
Daytime Phone #

CR2E034 (10/02)