2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State
03-18-2002 90060 050 ****61.25

DOCUMENT # N00000004745

1. Entity Name

STAGE AURORA THEATRICAL COMPANY, INC.

Principal Place of Business	Mailing Address
3123 CLYDE DR. % DARRYL R. HALL JACKSONVILLE FL 32208	P O BOX 28283 JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3666871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, DENNIS L
6620 SOUTHPOINT DRIVE SOUTH,STE.200
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name: ATTY. REGINALD LUSTER
Street Address (P.O. Box Number is Not Acceptable): 1200 RIVERPLACE BLVD SUITE #810
City: JACKSONVILLE FL Zip Code: 32207

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] February 25, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FP HALL, DARRYL R 3123 CLYDE DRIVE JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition JOSEPH MORGAN 6543 ECTOR PLACE JACKSONVILLE, FL 32211
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, ~~DELORES~~ L DOLORES 3123 CLYDE DR. JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition KEN MCCULOUGH 11901 BEACH BOULEVARD JACKSONVILLE, FL 32246
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, EDWARD W 3123 CLYDE DR. JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition JAMES BYRD 7416 BUCKSKIN TRAIL S JACKSONVILLE, FL 32277
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATEMAN, MICHAEL 10861 OLD ROCHEPORT RD. ROCHEPORT MO 65279	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition REGINALD LUSTER 1200 RIVERPLACE BLVD ST #810 JACKSONVILLE, FL 32208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, THOMAS 2064 GOLF COURSE DRIVE RESTON VA 20191-3821	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition THELMA WRIGHT 7528 ARLINGTON EXPRESSWAY #101 JACKSONVILLE, FL 32211
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, JEANETTE 8915 YEOMAN DR. JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition CLESTON ROBERTS II 2233 W. 12TH JACKSONVILLE, FL

CR2E037 (9/01)

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 617, 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] DARRYL ROBSON HALL 2/28/02 (904) 346-1152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

ADDITIONAL BOARD MEMBERS

#N00000004745

1.

Barbara Darby
Florida Comm College @ Jacksonville
4501 Capper Road
Jacksonville, FL 32218

340030

2.

Katrina Clayton- Hall
3938 Victoria Landing Dr. N
Jacksonville, FL 32208