

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002993

1. Entity Name

EARTHSTAGE PRODUCTIONS, INC.

Principal Place of Business

511 MYSTIC LANE
MARS HILL NC 28754
US

Mailing Address

PO BOX 567
ASHEVILLE NC 28802
US

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

65-0424945

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

SMITH, LINDA M
11900 BUSCAYNE BLVD
~~SUITE 200~~
N MIAMI FL 33181

Correction →

Suite 503

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.

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 \$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 PD
NAME LAMBE, RON ☐ Delete
STREET ADDRESS 104 TROTTER PL
CITY-ST-ZIP ASHEVILLE NC 28806

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME STONE, BECKY ☐ Delete
STREET ADDRESS 23 BUTTERROW COVE RD
CITY-ST-ZIP FAIRVIEW NC 28730

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME GRANT, CYNTHIA ☒ Delete
STREET ADDRESS 22 FOREST RIDGE DR
CITY-ST-ZIP ARDEN NC 28704

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME AGER, JOHN C ☐ Delete
STREET ADDRESS 20 AGER LN
CITY-ST-ZIP FAIRVIEW NC 28730

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

828-252-0643

Daytime Phone #

CR2E037 (9/01)

0091799