

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002993

Entity Name: EARTHSTAGE PRODUCTIONS, INC.

FILED  
Apr 28, 2004  
Secretary of State

**Current Principal Place of Business:**

511 MOON MOUNTAIN DRIVE  
MARS HILL, NC 28754 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 567  
ASHEVILLE, NC 28802 US

**New Mailing Address:**

FEI Number: 65-0424945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, LINDA M  
11900 BISCAYNE BLVD  
STE. 503  
N MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LAMBE, RON  
Address: 104 TROTTER PL  
City-St-Zip: ASHEVILLE, NC 28806

Title: VD ( ) Delete  
Name: STONE, BECKY  
Address: 23 BUTTERCROW COVE RD  
City-St-Zip: FAIRVIEW, NC 28730

Title: TD ( ) Delete  
Name: GRANT, CYNTHIA  
Address: 22 FOREST RIDGE DR  
City-St-Zip: ARDEN, NC 28704

Title: D ( ) Delete  
Name: AGER, JOHN C  
Address: 20 AGER LN  
City-St-Zip: FAIRVIEW, NC 28730

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ZASLOFF, KATHY DEE  
Address: 10 MT. VERNON PLACE  
City-St-Zip: ASHEVILLE, NC 28801

Title: SECY (X) Change ( ) Addition  
Name: CASSARA, JAMES  
Address: 175 EDGEWOOD RD  
City-St-Zip: ASHEVILLE, NC 28804

Title: TD (X) Change ( ) Addition  
Name: MANNING, ARENDA  
Address: 57 WOODHAVEN PLACE  
City-St-Zip: ASHEVILLE, NC 28805

Title: D (X) Change ( ) Addition  
Name: PAYNE, GARRETT  
Address: C/O ZASLOFF, 10 MT VERNON PLACE  
City-St-Zip: ASHEVILLE, NC 28801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY DEE ZASLOFF

PD

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date