

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002993

FILED
Mar 26, 2007
Secretary of State

Entity Name: EARTHSTAGE PRODUCTIONS, INC.

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
PO BOX 610907
MIAMI, FL 33261 US

Name and Address of New Registered Agent:

SMITH, LINDA M
11900 BISCAYNE BLVD, SUITE 503
MIAMI, FL 33181 US

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:

03/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/26/2007

Electronic Signature of Signing Officer or Director

Date