

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000002993

FILED
Apr 26, 2003
Secretary of State

Entity Name: EARTHSTAGE PRODUCTIONS, INC.

Current Principal Place of Business:

511 MYSTIC LANE
MARS HILL, NC 28754 US

New Principal Place of Business:

511 MOON MOUNTAIN DRIVE
MARS HILL, NC 28754 US

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 BUSCAYNE BLVD
STE. 503
N MIAMI, FL 33181 US

Name and Address of New Registered Agent:

SMITH, LINDA M
11900 BISCAYNE BLVD
STE. 503
N 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:

04/26/2003

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: () 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 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: RON LAMBE

PD

04/26/2003

Electronic Signature of Signing Officer or Director

Date