

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000075321

**Entity Name:** HIERARCHY PICTURES, INC.

**Current Principal Place of Business:**

2941 N.W. 21ST. STREET  
FORT LAUDERDALE, FL 33311

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC3581803683**

**Current Mailing Address:**

9663 SANTA MONICA BLVD.  
SUITE 441  
BEVERLY HILLS, CA 90210 US

**FEI Number:** 47-1254131

**Certificate of Status Desired:** Yes

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

CAIN, LAMONT T  
2941 N.W. 21ST. STREET  
FORT LAUDERDALE, FL 33311 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            CAIN, LAMONT T  
Address        9663 SANTA MONICA BLVD., SUITE  
                  441  
City-State-Zip: BEVERLY HILLS CA 90210

Title            PRES  
Name            SMITH, HARVEST L  
Address        9663 SANTA MONICA BLVD., SUITE  
                  441  
City-State-Zip: BEVERLY HILLS CA 90210

Title            TRES  
Name            CANADY, ANNICE G  
Address        9663 SANTA MONICA BLVD., SUITE  
                  441  
City-State-Zip: BEVERLY HILLS CA 90210

Title            SEC  
Name            CAIN, E'MANI B  
Address        9663 SANTA MONICA BLVD., SUITE  
                  441  
City-State-Zip: BEVERLY HILLS CA 90210

Title            DIR  
Name            INGRAM, JOHN K  
Address        9663 SANTA MONICA BLVD.  
                  SUITE 441  
City-State-Zip: BEVERLY HILLS CA 90210

Title            VP  
Name            PARKER, DANIEL C CFO  
Address        9663 SANTA MONICA BLVD.  
                  SUITE 441  
City-State-Zip: BEVERLY HILLS CA 90210

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAMONT T. CAIN

**CEO**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date