

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N08000004525

Entity Name: HEAR THE REIGN, INC.

**Current Principal Place of Business:**

9012 SHOAL CREEK DRIVE  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

9012 SHOAL CREEK DRIVE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 26-2588781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LUPO, APRIL  
9012 SHOAL CREEK DRIVE  
TALLAHASSEE, FL 32312 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: DP ( ) Delete  
Name: LUPO, APRIL  
Address: 9012 SHOAL CREEK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS ( ) Delete  
Name: HAMMETT, CHURCK  
Address: 5720 BRAVEHEART WAY  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete  
Name: STONER, ANDREW  
Address: 3292 GRAND FALLS BLVD  
City-St-Zip: MAINEVILLE, OH 45039

**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:

I hereby certify that the information supplied with this filing does not qualify 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: APRIL LUPO

DP

04/30/2009

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

\_\_\_\_\_  
Date