
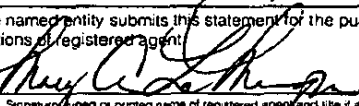



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90281 005 \*\*\*150.00

<b>DOCUMENT # P03000087302</b>			
1. Entity Name <b>HYPERION TELEPICTURES, INC.</b>			
Principal Place of Business <b>1750 N FLORIDA MANGO RD WEST PALM BEACH FL 33409</b>		Mailing Address <b>1750 N FLORIDA MANGO RD WEST PALM BEACH FL 33409</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>AAA REGISTERED AGENT INC.</del> <del>92 SADBERRY RD</del> <del>ORLANDO FL 32831</del> <b>Mary Ann LaManque</b> <b>1605 S. US Hwy 1 -</b> <b>S4F</b> <b>Jupiter Fla. 33477</b>		<b>Mary Ann LaManque</b> Street Address (P.O. Box Number is Not Acceptable) <b>1605 S. US Hwy 1 - S4F</b> City <b>Jupiter</b> FL Zip Code <b>33477</b>	
8. 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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE 		DATE <b>2/14/04</b>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMANQUE, AARON C	NAME	
STREET ADDRESS	3285 S CHEROKEE	STREET ADDRESS	
CITY- ST- ZIP	WEST PALM BEACH FL 33409	CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMANQUE, MARY A	NAME	
STREET ADDRESS	1605 S US HWY A- S4F	STREET ADDRESS	
CITY- ST- ZIP	JUPITER FL 33477	CITY- ST- ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMANQUE, JOHN	NAME	
STREET ADDRESS	1605 S US HWY A- S4F	STREET ADDRESS	
CITY- ST- ZIP	JUPITER FL 33477	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date <b>2/23/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

66415787



MOORE CR2E034 (11/03)