

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90308 014 ***150.00

DOCUMENT # P03000087302

1. Entity Name

HYPERION TELEPICTURES, INC.



Principal Place of Business

1750 N FLORIDA MANGO RD
WEST PALM BEACH FL 33409

Mailing Address

1750 N FLORIDA MANGO RD
WEST PALM BEACH FL 33409

2. Principal Place of Business

1605 S. W. S. 1

Suite, Apt. #, etc.

54F

City & State

Jupiter, Fla.

Zip

33477

Country
Palm Beach

3. Mailing Address

1605 S. W. S. 1

Suite, Apt. #, etc.

54F

City & State

Jupiter, Fla.

Zip

33477

Country
Palm Beach



1st MOORE

CR2E034 (10/05)

4. FEI Number

90-0110569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LA MANQUE, MARY ANN
1605 SOUTH US HWY 1
54F
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LAMANQUE, AARON C.
3285 S CHEROKEE
WEST PALM BEACH FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LAMANQUE, MARY A
1605 S US HWY A- S4F
JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LAMANQUE, JOHN
1605 S US HWY A- S4F
JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/06 (861) 640-4803

Date

Daytime Phone #