

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053335

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: HIPSO MULTIMEDIA, INC.

**Current Principal Place of Business:**

550 CHEMIN DU GULF  
SUITE 202  
ILE DES SOEURS, QU H3E 1A8 CA

**New Principal Place of Business:**

**Current Mailing Address:**

550 CHEMIN DU GULF  
SUITE 202  
ILE DES SOEURS, QU H3E 1A8 CA

**New Mailing Address:**

FEI Number: 22-3914075      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: KESTENBAUM, ALEX  
Address: 550 CHEMIN DU GOLF  
City-St-Zip: ILE DES SOEURS, QU H3E 1A8 CA

Title: S ( ) Delete  
Name: KESTENBAUM, ALEX  
Address: 550 CHEMIN DU GOLF  
City-St-Zip: ILE DES SOEURS, QU H3E 1A8 CA

Title: P ( ) Delete  
Name: ARBIC, RENE T  
Address: 550 CHEMIN DU GOLF  
City-St-Zip: ILE DES SOEURS, QU H3E 1A8 CA

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

SIGNATURE: RENE ARBIC

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04/15/2009

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

\_\_\_\_\_ Date