2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 04, 2003
Secretary of State

DOCUMENT# P99000029609

Entity Name: HYPERION FARM, INC.

Current Principal Place of Business:

2129 APPALOOSA TRAIL
WELLINGTON, FL 33414

New Principal Place of Business:

2129 APPALOOSA TRAIL
WELLINGTON, FL 33414 US

Current Mailing Address:

2129 APPALOOSA TRAIL
WELLINGTON, FL 33414

New Mailing Address:

2129 APPALOOSA TRAIL
WELLINGTON, FL 33414 US

FEI Number: 65-0917615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUDEN, PAUL A
2129 APPALOOSA TRAIL
WELLINGTON, FL 33414

Name and Address of New Registered Agent:

GUDEN, PAUL A
2129 APPALOOSA TRAIL
WELLINGTON, FL 33414 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: _____ 01/04/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GUDEN, PAUL A
Address: 2129 APPALOOSA TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: SD ( ) Delete
Name: GUDEN, JUDITH
Address: 2129 APPALOOSA TRAIL
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GUDEN, PAUL A
Address: 2129 APPALOOSA TRAIL
City-St-Zip: WELLINGTON, FL 33414 US

Title: SD (X) Change ( ) Addition
Name: GUDEN, JUDITH
Address: 2129 APPALOOSA TRAIL
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL A GUDEN PD 01/04/2003
Electronic Signature of Signing Officer or Director — Date