


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 05, 1999 8:00 am**  
**Secretary of State**

02-05-1999 90118 038 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V04047**

1. Corporation Name  
**HYPERION TELECOMMUNICATIONS OF FLORIDA, INC.**

Principal Place of Business 2129 CONGRESS AVENUE RIVIERA BEACH FL 33404	Mailing Address MAIN AT WATER STREET COUDERSPORT PA 16915 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/03/1992	4. FEI Number 65-0316615	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	6. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country	10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83. City  
 84. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	RIGAS, JOHN MAIN AT WATER STREET COUDERSPORT PA 16915	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	RIGAS, JAMES MAIN AT WATER STREET COUDERSPORT PA 16915	1.2 NAME	
TITLE VD	RIGAS, MICHAEL MAIN AT WATER STREET COUDERSPORT PA 16915	1.3 STREET ADDRESS	
TITLE VD	RIGAS, TIMOTHY MAIN AT WATER STREET COUDERSPORT PA 16915	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	FAJERSKI, PAUL 2570 BOYCE PLAZA ROAD PITTSBURGH PA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD		2.2 NAME	
TITLE VD		2.3 STREET ADDRESS	
TITLE VD		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD		3.2 NAME	
TITLE VD		3.3 STREET ADDRESS	
TITLE VD		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD		4.2 NAME	
TITLE VD		4.3 STREET ADDRESS	
TITLE VD		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD		5.2 NAME	
TITLE VD		5.3 STREET ADDRESS	
TITLE VD		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD		6.2 NAME	
TITLE VD		6.3 STREET ADDRESS	
TITLE VD		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 of Block 13 if changed. Or on an attached page with an address with all other like empowered.

SIGNATURE: James P. Rigas James P. Rigas Date \_\_\_\_\_ Daytime Phone # (814) 274-9830