


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # F03000003324 1. Entity Name BENEDICT CANYON PRODUCTIONS, INC.	
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Principal Place of Business 9200 SUNSET BLVD., SUITE 1100 WEST HOLLYWOOD, CA 90069	Mailing Address 9200 SUNSET BLVD., SUITE 1100 WEST HOLLYWOOD, CA 90069
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4091491	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

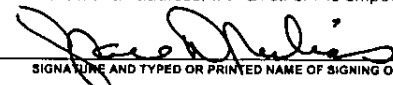
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOUSER, CHRISTINE 12837 LANDALE STREET STUDIO CITY, CA 91604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WALT, HAROLD 1467 S. DURANGO AVENUE LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANVOLD, FAITH 3820 BROADLAWN DRIVE LOS ANGELES, CA 90068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DRULIAS, GRACE 5608 BLACKBIRD AVENUE WESTLAKE VILLAGE, CA 91362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/09/08-80037-025 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	CFO	3/20/08	(310) 385-1000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>