## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

| LIMITED PARTNERSHII            |
|--------------------------------|
| ANNUAL REPORT                  |
| 1999                           |
| 1. Name of Limited Partnership |
| BRANSON TELEPROD               |

SIGNATURE.

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1a. DOCUMENT # A9300000723

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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407-268-5010

|   | A9300000723                                      |             |  |  |  |
|---|--|-------------|--|--|--|
| BRANSON TELEPRODUCTIONS, LTD.   |  |             |  |  |  |
| Mailing Address   | Principal Office Address                         | <del></del> | 3. Date Formed or Registered   | 5a. Capital Contributions as<br>Shown on record.           |  |
| 5211 S. WASHINGTON AVENUE<br>TITUSVILLE FL 32780  | 5211 S. WASHINGTON AVENUE<br>TITUSVILLE FL 32780 |             | 07/12/1993 3a. Date of Last Report 09/29/1997  | \$500.00  5b. Amount of Capital Contributions in FLORIDA   |  |
| 2. Mailing Address  | 2a. Principal Office Address                     |             | 4. State or Country of Formation   | to date:   |  |
| Suite, Apt. #, etc.  City & State   | Suite, Apt. #, etc.                              |             | 6. FEI Number<br>59-3179404  | Applied For Not Applicable                                 |  |
|   | City & State                                     |             | 7. Certificate of Status Desired   | \$8.75 Additional  |  |
| Zip Country   | Zip C  | Country     | 8. Make check payable to: Dept. of S   | State (See reverse side for fee information)               |  |
| 9. Name and Address of Current Re   | gistered Agent                                   |             | 10. If changed, new Registered   | Agent/Office   |  |
| TITUSVILLE FL 32780  Suite, Apt #, etc.  5 2 // City T, + c  10a. Pursuant to the provisions of sections 520.1051 and 520.192, Florida Statutes, the above-named limited partnership organ for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of section 520.192, Florida Statutes.                |  |             | O. Box Number Is Not Acceptable)  BOX 2688  S. WAShins f  US Y,' II =  organized or registered under the laws of the | FL Zip Code 32780 State of Florida, submits this statement |  |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY   |  |             |  |  |  |
| MUST  | BE REGISTERED AND                                | ACTIVE \    | WITH THIS OFFICE.  | B-sisterian/   |  |
| 11. Name(s) of General Partner(s)   | 11a. (Do NOT Use Post Office Box                 | Numbers) 11 | b. City, State & Zip Code  | 11c. Document Number                                       |  |
| G.E.P., INC.  | 5211 S. WASHINGTON AV                            |             | TITUSVILLE FL 32780  00002* -01/22.  | J53856<br>752270-5<br>759-01116-025<br>11.25 ****141.25    |  |
|   |  |             |  |  |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.   |  |             |  |  |  |
| 12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on |  |             |  |  |  |

this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath, I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

WELK

Daytime Telephone Number