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

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 98 NOV 30 AM 10: 40 **DOCUMENT#** 1. Name of Limited Partnership A95000001619 TOO BEST FILMS LIMITED 3. Date Formed or Registered Capital Contributions as Shown on record. Mailing Address Principal Office Address 10/27/1995 P.O. BOX 621027 P.O. BOX 621027 \$90,000.00 OVIEDO FL 32762 OVIEDO FL 32762 3a. Date of Last Report 11/05/1997 **5b.** Amount of Capital Contributions in FLORIDA to date; 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address 90,000 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 59-3315408 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zio Country Zip Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent If changed, new Registered Agent/Office BEST, DOROTHY C Street Address (P.O. Box Number Is Not Acceptable) 433 PINE HILL BLVD Suite, Apt. #, etc. GENEVA FL 32732 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submilts this s agent. I am familiar with, and accept the obligations of segion 620 192, Florida 5620 192, Florida 562 SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers) 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. Document Number CR2E003 (8/98) JAMES BEST ENTERPRISES, INC. 433 PINE HILL BLVD. GENEVA FL 32732 J97061 100002713171--2 -12/15/98--01076--001 \*\*\*\*526.25 \*\*\*\*526.25 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 filing 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

Bes

empowered to execute this report as required by chapter 620, Florida Statute

SIGNATURE

Typed or Printed Name of General Partner Signing

0001794