FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

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1a. DOCUMENT # **A97000001761**

HILL & REAND PRODUCTIONS LTD 2



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TILL & BRAIND PRODUCTIONS	5, LID. 2			
Mailing Address 3212 RAINTREE CIRCLE CULVER CITY CA 90230	Principal Office Address 3212 RAINTREE CIRCLE CULVER CITY CA 90230		3. Date Formed or Registered 08/13/1997 38. Date of Lest Report	5a. Capital Contributions as Shown on record.
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address	28. Principal Office Address		457,500
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 58-2340284	Applied For
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Information)	
9. Name and Address of Current	Registered Agent		10. If changed, new Registere	d Agent/Office
HILLENBRAND, HYMAN		Name		
201 SOUTH BISCAYNE BLVD., STE. 1330 MIAMI FL 33131		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. -02/19/4801007007 City		
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT I	IS A CORPORATION, L BE REGISTERED AN	LIMITED PAR	TNERSHIP OR OTHE	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	15-1		11c. Registration/ Document Number
HILL & BRAND PRODUCTIONS, IN	3212 RAINTREE CIRCLE		CULVER CITY CA 90230	P97000070297
:			dec	
Note: General partners MAY NOT				
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my soil empowered to execute this report as required by chape.	Section 119.07(3)(k) in the event that the in nature shall have the same legal effects as	nformation supplied is de	emed exempt from public access. I furth ther certify that I am a General Partner of	er certify that the information indicated on the limited partnership, receiver or trustee
SIGNATURE (Soft III	\.IO	DATE	2-26-98
Typed or Printed Name of General Partner Signing Form	JOH MILENDL	7NO	Daytime Telephone Number	10/024 0 10/