FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

E P COMMPRODUCTION SERVICES, L.P.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

B97000000075

É ILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 17 PM 12: 13



ess	Principal Office Address			-	58. Capital Contributions as Shown on record.	
OLIVE AVENUE, 8TH FLOOR A 91505	3601 WEST OLIVE AVENUE. 8TH FLOOR BURBANK CA 91505			\$500.00		
					5b. Amount of Capital Contributions in FLORIDA	
g Address	2a. Principal Office Address			•	to date:	
#, etc.	Suite, Apt. #, etc.		6. FEI	Number	Applied For	
a	City & State		7. Cert	lificate of Status Desired	F \$8.75 Additional	
Country	Zip	Country		ke check payable to: Dept. of t	Fee Required Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt. #, etc				
		City			FL 7ip Code	
the purpose of changing its registered office or regi	sterod agent, or both, in the State of Fic	ed limited partn rida. Such char	ership organized or re ngo was authorized b	egistered under the laws of th y its general partner(s). I here	e State of Florida, submits this statement by accept the appointment of registered	
IGNATURE (Registered Agent Accepting Appointment)				DATE .		
NERAL PARTNER THAT IS MUST I	BE REGISTERED AN	D ACTIV	PARTNER: /E WITH TH	SHIP OR OTHE IIS OFFICE.	R BUSINESS ENTITY	
lame(s) of General Partner(s)	11a. Address of Each Gener	al Partner ox Numbers)	11b. City	, State & Zip Code	11c. Registration/ Document Number	
OMMPRODUCTION SERVICES,	3601 WEST OLIVE AVENU		BURBANK CA 91505		F9700000636	
				7000023 -11/20/ ****16	36-36-75-4 67-01095-703 5-00 ****(55.00	
	OUVE AVENUE. 8TH FLOOR IA 91505 g Address g Address ff, etc. 9 Country 9. Name and Address of Current Re RATION SERVICE COMPANY AYS STREET IASSEE FL 32301-2525 suant to the provisions of sections 620.1051 and 62 the purpose of changing its registered office or regisent. I am familiar with, and accept the obligations of (Registered Agent Accepting Appointment) INERAL PARTNER THAT IS MUST I	OUVE AVENUE. 8TH FLOOR A 91505 9 Address 28. Principal Office Address #, etc. City & State Country 7ip 9. Name and Address of Current Registered Agent RATION SERVICE COMPANY AYS STREET ASSEE FL 32301-2525 suant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-name the purpose of changing its registered office or registered agent, or both, in the State of Ficent. Lam familiar with, and accept the obligations of section 620, 192, Florida Statutes. (Registered Agent Accepting Appointment) NERAL PARTNER THAT IS A CORPORATION, I MUST BE REGISTERED AN Address of Each General Partner(s) 118. (Do NOT Use Post Office B	OUVE AVENUE. 8TH FLOOR A 91505 BURBANK CA 91505 2a. Principal Office Address #, etc. City & State Country 7ip Country 9. Name and Address of Current Registered Agent RATION SERVICE COMPANY AYS STREET ASSEE FL 32301-2525 Suite. Apt. # above-named limited parting the purpose of changing its registered office or registered agent, or both, in the State of Florida Such charent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. (Registered Agent Accepting Appointment) NERAL PARTNER THAT IS A CORPORATION, LIMITED MUST BE REGISTERED AND ACTIV 11a. Address of Each General Partner 11a. Address of Each General Partner 11a. Address of Each General Partner 11a. (De NOT Use Post Office Box Numbers)	OUVE AVENUE. 8TH FLOOR A 91505 BURBANK CA 91505 2a. Principal Office Address CA #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country B. Mate 9. Name and Address of Current Registered Agent Name Name Street Address (PO Box Number Address (PO Box Number Address) Sirect Address (PO Box Number Address) Sirect Address (PO Box Number Address) Suite, Apt. #, etc City Suite, Apt. #, etc City Sirect Address (PO Box Number Address) Sirect Address (PO Box Number Address) Suite, Apt. #, etc City Suant to the provisions of sections 620 1021 and 620 192, Florida Statutes, the above named limited partnership organized or in the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized bent. I am familiar with, and accept the obligations of section 620, 192, Florida Statutes. (Registered Agent Accepting Appointment) NERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNER: MUST BE REGISTERED AND ACTIVE WITH THAMMER (No Off Use Post Office Box Numbers) 11b. City	OLIVE AVENUE. 8TH FLOOR BURBANK CA 91505 BURBANK CA 91505 BURBANK CA 91505 BURBANK CA 91505 28. Principal Office Address CA 4. state or Country of Formation CA 6. FEI Number 7. Contriguent of Status Desired B. Make check payable to: Dept. of: 8. Make check payable to: Dept. of: 8. Make check payable to: Dept. of: 9. Name and Address of Current Registered Agent Name RATION SERVICE COMPANY AYS STREET ASSEE FL 32301-2525 Suite. Apt. #, etc. City Sund to the provisions of sections 670 1001 and 620 192. Florida Statutes, the above named limited partnership organized or registered under the laws of the purpose of changing also except the obligations of section 620 192. Florida Statutes. (Registered Agent Accepting Appointment). DATE MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. amo(s) of General Partner(s) 118. (Address of Fach General Partner(s) 119. City, State 8-2(e Code DMMPRODUCTION SERVICES, BURBANK CA 91505	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Lob 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. Urelease 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 entural report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or frusted empowered to execute this report as required by chapter 620, Florida Statute).

N N

Michele Caylor Vice President

DATE: 10/23/97

Davlime Telephone Number 818-955-6000

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