FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003658 (9)

HHP GENPAR, INC.

Principal Plac	e of Busmess	Mailing Address				I INDIINAN IIIN IAIIN AIKIR DAIN AANK ERIII AAIII AARSA SIISE OKEN AIINI ITAI	
SUITE 1200 1999 AVENUE OF THE STARS LOS ANGELES CA 90067		SUITE 1200					
			1999 AVENUE OF THE STARS				
		LOS ANGELES (N 80001-0031			3. Date Incorporated or Qualified 3s. Date of Last Report	
						07/18/1996	
2. Principal P	lace of Business	2a. Mailing Add	iress			4. FEI Number Applied For	
21		26				95-4588564 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				S8 75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & Stat	re	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip 	Zip Country Zip		<u></u> ⊢¬,	Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	[30]			Florida Statutes Yes No	
	9. Name and Address of Current	r Hegistered Agent		81	Name	10. Name and Address of New Registered Agent	
	RPORATION SERVICE COMPANY			0.	IVALLIE	•	
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
TALI	LAHASSEE FL 32301-2525			83			
				03			
				84	City	. 85 Zip Code	
	The second secon	1 003 4500 5	5.1. Otal		L	FL 63 24 500e	
office or r	repistered agent, or both, in the State :	of Florida. Such cha.	nge was author	rized by	the cor	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered	
agent La	ini fari liar with, and accept the obliga	itions of, Section 607	7.0505, Florida	Statutes	S.		
SIGNATURE			mote bus	4 8		re required when reinstating) DATE	
12.	Signature, typical or printed name of registered ager OFFICERS AND			13.	ent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TILLE	PD			1.1 TITLE			
NAME	BARRACK, THOMAS J JR			1.2 NAME		HEDSTROM, MARK M. STARS, SWITE 1200	
STREET ADORESS	1999 AVENUE OF THE STARS,	SUITE 1200		1.3 STREET	ADDRESS	1999 AVENUE OF THE	
Offy-ST ZIF	LOS ANGELES CA 90067			1.4 CITY-S		LOS ANGELES, CA 90067	
TITLE	DV			2.1 TITLE	11-611	Change Addition	
NAME	DAVIS, KELVIN L			2.2 NAME			
STREET ADDRESS	1999 AVENUE OF THE STARS,	SUITE 1200			ADDRESS	1	
CITY ST-ZIP	LOS ANGELES CA 90067	05112 1200	•	2. 4 CITY-!			
TITLE	V			3.1 TITLE	27 20	Change Addition	
NAME	KESTIN, LAWRENCE A		9	3.2 NAME			
STREET ADDRESS	1999 AVENUE OF THE STARS,	SUITE 1200			ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90067			3.4. CITY - :			
TILE	V			4.1 TITLE		☐ Change ☐ Addition	
NAME	EKLEBERRY, RICHARD A	4.2		4. 2 NAME		1	
STREET ADDRESS	1999 AVENUE OF THE STARS	SUITE 1200			ADDRESS		
CHY ST ZiP	LOS ANGELES CA 90067	,		4.4 CITY - S			
TITLE	V			5.1 TITLE		Change Addition	
NAME	VIOLA, JOHN E			5.2 NAME			
STREET ADDRESS	1999 AVENUE OF THE STARS	SUITE 1200			ADDRESS		
City St-Z-2	LOS ANGELES CA 90067			5.4 CITY - S			
THEF	V			6.1 TITLE		Change Addition	
NAME	MCTAVISH, KEVIN C			6.2 NAME			
	1999 AVENUE OF THE STARS	SUITE 1200			ADDRESS		
STREET STURGES		, /200					
STREET ACORESS CITY - ST - ZIP	LOS ANGELES CA 90067			6.4 CITY - S	T-ZIP	l e e e e e e e e e e e e e e e e e e e	
Ci™-SI-ZiP 14. I do here	LOS ANGELES CA 90067 by certify that the information supplied	d with this filing does	not qualify for	the exe	mption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	
CITY+SI+ZIP 14. I do here informatic	by certify that the information supplied an indicated on this annual report or si	upplemental annual	not qualify for	the exe	mption s	I stated in Section 119.07(3)(i), Florida Statutes. I further certify that the d that my signature shall have the same legal effect as if made under oath, the preport as required by Chapter 607, Florida Statutes; and that my name	

SIGNATURE: MARK M. Hedstrom V.P. Willeller

FILED

Mar 12 1997 8:00am

Secretary of State