Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90036 045 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000070297

1. Corporation Name

HILL & E	Brand Productions, Inc	<b>).</b>				
Principal Place	e of Business	Mailing Address			BULLI OBILI IODIO COLLO	910 19(\$1 1901 1901
5183 OVERLAN		5183 OVERLAND AVE				
STE A STE A			DO NOT WITH	E IN THIS SPACE		
CULVER CITY CA 90230 CULVER CITY CA 90230				- IN THIS SPACE	——— <u>—</u>	
US		US		<ol> <li>Date Incorporated or Qualifed</li> <li>08/13/1997</li> </ol>		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21 5654		26 5658 Sep	ulveda Blud.	58-2340285		Not Applicable
Suite, Apt.		Suite, Apt, #, etc.	4100001 101		\$8.7	5 Additional
22 708		27 208		5. Certificate of Status Desired	Fee	Required
City & Stat	te	City & State	. 1	6. Election Campaign Financing	1 1	00 May Be
23 Jan	Nuys, CA	28 Van Nuys,	<u>CA</u>	Trust Fund Contribution	Adde	ed to Fees
Zip 9 1 A	Country	Zip OI A I F	Country	8. This corporation owes the current	nt year Intangible	□No
24 7 1 0	1 20 0 - 71	[29]	30 USA	Personal Property Tax.  10. Name and Address of New Re		
	9. Name and Address of Currer	it Registered Agent	81 Name i	<u> </u>		
HILL	ENBRAND, HYMAN		1 1-	tillerbrano, Hyman	noch	cinge
2650 BISCAYNE BLVD			82 Street Addr	ress (NO. Box Number is Not Acceptab	ile)	
	WI FL 33137		83 7	<b>8</b>		
	- <b></b>					
			84 City		FL  85   Z	ip Code
11. Pursuant	to the gravisions of Sections 607 050	2 and 607.1508. Florida Statute	s. the above-named corp	poration submits this statement for the p	urnose of changing	its registered
office or r	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept	the appointment as	registered
	m familiar with, and accept the obliga-	itions of, Section 607.0505, Flori	ua Statutes.			ł
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLÉ	D`	☐ DELETÉ	1.1 TITLE	Hillenbrand, Scott	<b>⊠</b> Chan	ge Addition
NAME	HILLENBRAND, SCOTT		1.2 NAME	19423 Singing Hi	The Dr.	
STREET ADDRESS			1.3 STREET ADDRESS	11703 01/01/0	01001-	f ,
CITY-ST-ZIP	PACIFIC PALISADES CA 90272		1.4 CITY-ST-ZIP	Northridge, EA	91750	
TITLE	D	☐ DELETE	2.1 TITLE	Hillenbrand, David		ge 🗌 Addition ( 1
NAME	HILLENBRAND, DAVID		2.2 NAME			
STREET ADDRESS	833 HAVERFORD		2.2 IVANE	Insal Graves AUC.		
CITY-ST-ZIP	1	•	2.3 STREET ADDRESS .	6521 Graves AUK.		
TITLE	PACIFIC PALISADES CA 9027		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	Usan Nuys CA 91	+11	Addition
	1	2 □,DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	6521 Graves AUK.	411 Chan	ge Addition
NAME	1		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	6521 Graves AUK.	Chan	ge Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attact ment with an address, with all other like empowered.

SIGNATURE: