## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P97000070297 HILL & BRAND PRODUCTIONS, INC. 04-30-2001 90032 009 \*\*\*150.00 Principal Place of Business Mailing Address 5658 SEPULVEDA BLVD. 5658 SEPULVEDA BLVD. #208 VAN NUYS CA 91411 VAN NUYS CA 91411 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 58-2340285 Not Applicable Zip .Country\_.\_\_ Zip 'Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILLENBRAND, HYMAN Street Address (P.O. Box Number is Not Acceptable) 2650 BISCAYNE BLVD **MIAMI FL 33137** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) TITLE Change ☐ Addition ☐ Delete TITLE HILLENBRAND, SCOTT NAME NAME 14159 DICKINS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHERMAN OAKS CA 91423 Change ☐ Addition TITLE ☐ Delete TITLE HILLENBRAND, DAVID NAME NAME 6521 GRAVES AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP- = .CITY-ST-ZIP VAN NUYS CA 91411 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR