

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

08-16-2006 90003 042 \*\*\*550.00

|  |  |   |   |  |   |
|--|--|---|---|--|---|
| <b>DOCUMENT # P97000070297</b><br>1. Entity Name<br><b>HILL &amp; BRAND PRODUCTIONS, INC.</b>  |  |   |   |  |   |
| Principal Place of Business<br><b>5658 SEPULVEDA BLVD.<br/>#208<br/>VAN NUYS, CA 91411 US</b>  |  |   | Mailing Address<br><b>5658 SEPULVEDA BLVD.<br/>#208<br/>VAN NUYS, CA 91411 US</b> |  |   |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |   |
| City & State   |  | City & State  |   |  |   |
| Zip  | Country  | Zip   | Country   |  |   |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent                                       |  |   |
| <b>HILLENBRAND, HYMAN<br/>2650 BISCAYNE BLVD.<br/>MIAMI, FL 33137</b>  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                |  |   |
|  |  |   | <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |  |   |   |  |   |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 6, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>HILLENBRAND, SCOTT<br/>13347 WEDDINGTON ST<br/>SHERMAN OAKS, CA 91401</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>HILLENBRAND, DAVID<br/>5716 COSTELLO AVE<br/>VAN NUYS, CA 91401</b> <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>Hillenbrand, David<br/>9440 Shoshone Ave.<br/>Northridge, CA 91325</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |  |   |
| <b>SIGNATURE:</b> <b>David Hillenbrand</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <b>8/11/06</b><br><small>Date</small>   |  | <b>818 903-1806</b><br><small>Daytime Phone #</small> |



06302006 Chg-P CR2E034 (11/05)

4. FEI Number  
**58-2340285**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**