

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053536 (7)**

1. Corporation Name

**LOST STREET PRODUCTIONS, INC.**

Principal Place of Business

**19645 SW 264TH ST.  
HOMESTEAD FL 33031**

Mailing Address

**19645 SW 264TH ST.  
HOMESTEAD FL 33031**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**07/26/1993**

3a. Date of Last Report

**06/13/1994**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23

27 City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BASSO, FRANK SR  
19645 SW 264TH ST.  
HOMESTEAD FL 33031**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD  
BASSO, FRANK SR  
19645 SW 264TH ST.  
HOMESTEAD FL 33031**

1. 1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**ST  
DELLINGER, JO ANN  
19645 SW 264 ST.  
HOMESTEAD FL 33031**

2. 1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3. 1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4. 1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5. 1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6. 1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Frank Basso Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**FRANK BASSO SR.**

**9/26/95**  
DATE

**305-247-6529**  
TELEPHONE NUMBER