## 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 # V66322

LOST DOG FILMS, INC.

Mailing Address

10881 S.W. 128TH ST. MIAMI FL 33176

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Zip

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

10881 S.W. 128TH ST. MIAMI FL 33178

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

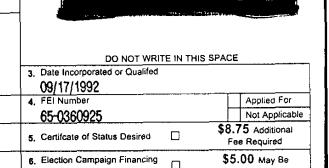
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## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90065 027 \*\*\*150.00



Added to Fees

□No

9. Name and Address of Current Registered Agent
BARROCAS, DANIEL
10881 SW 128TH STREET
MIAMI FL 33176

Country

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10. Name and Address of New Registered Agent							
Ħ	Name						
2	Street Address (P.O. Box Number is Not Acceptable)						
3							
14	City FL	85	Zip Code				

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

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.

Country

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, ,									
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	E: Registered Agent signature r	required when reinstating) DATE						
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE	DPS DELETE	1.1 TIYLE		Change	Addition				
NAME	BARROCAS, DANIEL	1.2 NAME			1				
STREET ADDRESS	10881 SW 128TH ST	1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY+ST-ZIP							
TITLE	☐ DELETE	2.1 TITLE		Change	Addition				
NAME		2.2 NAME							
STREET ADDRESS		2.3 STREET ADDRESS							
CITY-ST-ZIP		2. 4 CITY-ST-ZIP							
TITLE	— □ DELETE	3.1 TITLE		Change	Addition				
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. City-St-ZiP							
TITLE	DELETE	4,1 TITLE		Change	☐ Addition				
NAME		4, 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP_		4.4 CITY-ST-ZIP			<b>-1</b> A 1 (2)				
TITLE	☐ DELETE	5.1 TITLE		Change	Addition				
NAME		5.2 NAME							
STREET ADORESS		5.3 STREET ADORESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE		Change	Addition				
NAME		6.2 NAME							
STREET ADORESS		6.3 STREET ADORESS			İ				
CITY-ST-ZIP		6.4 CITY-ST-ZIP							

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 attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (305)279-3028