

Secretary of State Statement of Information

SI-550

(California Stock, Agricultural Cooperative and Foreign Corporations) 3

IMPORTANT — Read instructions before completing this form.

Fees (Filing plus Disclosure) - \$25.00;

Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.) CROSSHEART PRODUCTIONS, INC

FILED

Secretary of State State of California

SEP 07 2018

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2. 7-Digit Secretary of State File Number

					C2679365				
3. Business Addresses		· · · · · · · · · · · · · · · · · · ·							
a. Street Address of Principal Executive Office - Do not list a P.O. Box 16130 VENTURA BLVD, STE 320				City (no abbrevi ENCINO	eviations) State Zip Code CA 91436		Zip Code 91436		
b. Mailing Address of Corporation, if different than item 3a				City (no abbrevi	oreviations) State				
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box			P,O. Box	City (no abbrevi	bbreviations) State Zip Co				
4. Officers		ired to list all three of the og added; however, the prep				Executive	Officer and	d Chief	
a. Chief Executive Officer/	First Name LINDSAY	Middle Name		Last Name LOHAN	S		Suffix		
Address ' 16130 VENTURA BLVD STE 320				City (no abbrevi ENCINO	City (no abbreviations) ENCINO		Zip Code 91436		
b. Secretary	First Name 1" LINDSAY	Middle Name		Last Name LOHAN				Suffix	
- Address 16130 VENTURA BLVD STE 320				City (no abbreviations) ENCINO		State CA	Zip Code 91436	The second second	
c. Chief Financial Officer/	First Name LINDSAY	Middle Name		Last Name LOHAN				Suffix	
Address 16130 VENTURA BLVD STE 320			A A A A A A A A A A A A A A A A A A A	City (no abbreviations) ENCINO		State CA	Zip Code 91436	The state of the s	
5. Director(s)		gricultural Cooperative Cor nal directors, enter the nam				idress mu	st be listed	, If the	
a, First Name LINDSAY		Middle Name		Last Name LOHAN				Suffix	
Address 16130 VENTURA BLVD STE 320				City (no abbrevi ENCINO	City (no abbreviations) ENCINO		Zip Code 91436		
b. Number of Vacancies on the Bo	oard of Directors, if any	-							
6. Service of Process (Mu INDIVIDUAL – Complete to	ist provide either Individual OF tems 6a and 6b only. Must ind		Oalifornia stree	t address.	•		•	,	
a. California Agent's First Name (if agent is not a corporation)			Middle Name	Lonan				Suffix	
b. Street Address gragent is not a corporation) - Do not enter a P.O. Box			City (no abbre	* _		State CA	Zip Code	486	
· · · · · · · · · · · · · · · · · · ·	ete Item 6c only. Only include	· · · · · · · · · · · · · · · · · · ·		on.					
 c. California Registered Corporate 	Agent's Name (if agent is a cor,	poration) – Do not complete l	tem 6a or 6b						

7. Type of Business

Describe the type of business or services of the Corporation

ENTERTAINMENT

8. The Information contained herein, including in any attachments, is true and correct.

Type or Print Name of Person Completing the Form

LORI CASTRO

BUSINESS MGR