


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 20, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000116925  
 1. Entry Name  
 LIKE A RUNAWAY TRAIN, INC.



Principal Place of Business: 16000 VENTURA BOULEVARD, SUITE 600, ENCINO, CA 91435  
 Mailing Address: 16000 VENTURA BOULEVARD, SUITE 600, ENCINO, CA 91435

**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number: 20-3340536 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NATIONAL CORPORATE RESEARCH, LTD., INC.  
 515 EAST PARK AVENUE  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARSONS, LONGINEU III
STREET ADDRESS	16000 VENTURA BOULEVARD SUITE 600
CITY-ST-ZIP	ENCINO, CA 91435
TITLE	D
NAME	MACKIN, SEAN
STREET ADDRESS	16000 VENTURA BOULEVARD SUITE 600
CITY-ST-ZIP	ENCINO, CA 91435
TITLE	D
NAME	KEY, WILLIAM R
STREET ADDRESS	16000 VENTURA BOULEVARD SUITE 600
CITY-ST-ZIP	ENCINO, CA 91435
TITLE	D
NAME	MOSELY, PETER
STREET ADDRESS	16000 VENTURA BOULEVARD SUITE 600
CITY-ST-ZIP	ENCINO, CA 91435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/20/07-80002-007 150.00

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 duly empowered.

SIGNATURE: Ryan Key Date: 8/15/07 Daytime Phone #: 818-385-1937