

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/2

**FILED**  
Feb 09, 2001 8:00 am  
Secretary of State

01-24-2001 90046 026 \*\*\*\*61.25

DOCUMENT # N99000006770

1. Entity Name

FOOTLIGHTS INC.

Principal Place of Business

1350 EAST SUNRISE BOULEVARD  
SUITE 112  
FORT LAUDERDALE FL 33304

Mailing Address

1350 EAST SUNRISE BOULEVARD  
SUITE 112  
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0965889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FINSTROM, TONY  
1350 EAST SUNRISE BOULEVARD  
SUITE 112  
FORT LAUDERDALE FL 33304

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME FINSTROM, TONY  
STREET ADDRESS 340 SUNSET DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TT  
NAME SUSSMAN, ARTHUR  
STREET ADDRESS 340 SUNSET DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE TT and ST  
NAME SUSSMAN, ARTHUR  
STREET ADDRESS 340 SUNSET DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☒ Change ☐ Addition

TITLE ~~VT~~  
NAME ~~GARRISON, GAIL~~  
STREET ADDRESS 525 N.E. 8TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33303 ☒ Delete

TITLE VP  
NAME MARLOW, RICHARD  
STREET ADDRESS 4880 NW 5TH LANE  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Change ☒ Addition

TITLE ~~ST~~  
NAME ~~ROSEN, RUTH~~  
STREET ADDRESS 525 N.E. 8TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33303 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 617, 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.

SIGNATURE: *Tony Finstrom*

FINSTROM, President 1/11/01 (954) 779-3073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

D# 2  
D# 3