## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$88681

(9)

FOOTLIGHT RECORDS. INC.

FILED Sep 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 113 E 18#15<del>1</del> 2623 SUN ISLE DR 113 EAST 12TH ST SAINT PETE EL 20702 EDE TEUL NEW YORK NY 10003 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/21/1991 04/30/1996 incipal Place of Busines 2a. Mailing Address 4. FLI Number Applied For 59-3096578 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Cily & State City & State \$5.00 May Ee 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country Zin This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHMIDT, RON 245 NORTH UNIVERSITY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 83 Zip Code 84 City 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 (NO1): Regis'ered Agent signature required when reinstating) Signature, typed or ponted name of registered agent and title if applicable 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DST Change Addition DELETE 1.1 TITLE TITLE MCGRATH, EDWARD 1.2 NAME NAME 9523 SUN ISLE DR N.E. 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY - ST-ZIP OFLETE Change **Addition** 21 11116 TITLE DINGENARY, GENE NAME 2.2 NAME 9523 SUN ISLE DR N.E. STREET ADDRESS 2 3 STREET ADDRESS ST. PETERSBURG FL 2 4 CITY-ST-ZIP City-ST-ZIP DELETE Change Addition TITLE 3.1 TILLS NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-7IP DILETE Change Acdition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7/F CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY-S1-7IP CITY-ST-ZIP DELETE 6 1 TITLE Change Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS City-St-ZIP

14. I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of a 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 d, or on an attachment with an address

H GUILLE SIGNATURE