

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # S88681**

1. Entity Name  
**FOOTLIGHT RECORDS, INC.**



Principal Place of Business  
**250 S 2ND ST APT 1A  
BROOKLYN, NY 11211 US**

Mailing Address  
**POB 111012  
BROOKLYN, NY 11211 US**

**FILED**

**2007 SEP 18 AM 4:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



08302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3096578**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHMIDT, RON  
245 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**500109570535  
09/18/07--01024--020 \*\*550.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SAJA, RON
STREET ADDRESS	250 S 2ND ST
CITY-ST-ZIP	BROOKLYN, NY 11211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #