

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

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



Mailing Address  
POB 111012  
BROOKLYN, NY 11211 US

**DO NOT WRITE IN THIS SPACE**



01212008 No Chq-P CR2E034 (11/05)

4. FBI 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 \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

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

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
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U00000929485  
05/21/09-80069-022 150.00

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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

April 24, 1908

718-963-0250  
Daytime Phone #