

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000006333

1. Entity Name
POP TOONS INC.



Principal Place of Business

**1515 BROADWAY
NEW YORK, NY 10036**

Mailing Address

**C/O MICHAEL D. FRICKLAS
1515 BROADWAY
NEW YORK, NY 10036**



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2044596

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000127819
04/26/04-80013-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DES
FRICKLAS, MICHAEL D
1515 BROADWAY
NEW YORK, NY 10036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
FREEDLINE, ROBERT G
1515 BROADWAY
NEW YORK, NY 10036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VA
FUERST, JANE R
1515 BROADWAY
NEW YORK, NY 10036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
GORDON, SUSAN C
1515 BROADWAY
NEW YORK, NY 10036**

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 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 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 #

Jane R. Fuerst
Jane R. Fuerst, Asst Secy. 3/19/04 212 258 6847