FILED Aug 22, 2007 8:00 am Secretary of State 08-22-2007 90022 009 ***550.00

ANNUAL REPORT				
DOCUMENT # F0200 1. Entity Name POP TOONS INC.	00006333			
Principal Place of Business	Mailing Address			
1515 BROADWAY NEW YORK NY 10036	C/O MICHAEL D. FRICKLAS 1515 BROADWAY			

			Z.55					
Principal Place	e of Business	Mailing Address						
1515 BROADWAY C NEW YORK, NY 10036		1515 BROADWAY	C/O MICHAEL D. FRICKLAS			IIN BRIII SRIID BHSD IHR	a en u a alli ca l la a u at	
Principal Place of Business - No P.O. Box # Mailing Address			.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (12	2/06)	
City & State	е	City & State		4. FEI Numb 41-204			Applied For Not Applicable	
Zip	Country	Zip	Country		of Status Desired		5 Additional lequired	
	6. Name and Address of Current	Registered Agent	1	7. Name and	Address of New	Registered Agent		
			Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street A	Street Address (P O. Box Number is Not Acceptable)				
:			City			FL Zi	ip Cede	
8. The above	named entity submits this statement f	or the ourpose of changing it	s registered office or	registered agent, or bo	th in the State of F		r with and accept	
	ions of registered agent.	or the purpose of an anging in	o rogiona amos en	regional da again, or oc	an, in this state of		, min, and doop!	
SIGNATURE.	Signature, typed or printed ripme of registered agen	t and title if applicable (NC	TE Registered Agent signat.	ure required when reinstating)		DATE		
					· ·			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS	L	FICERS AND DIRE	CTORS IN 11	
TITLE	DEVP	☐ Delete	TITLE			/ 🗆 c	hange Addition	
NAME	FRICKLAS, MICHAEL D		NAME			• •		
STREET ADDRESS	1515 BROADWAY		STREET ADDRESS			,		
CITY - ST - ZIP	NEW YORK, NY 10036		CITY-ST-ZIP					
TITLE	VPAS	☐ Delete	TritE			'\- □ C	hange 🔲 Addition	
NAME	FUERST, JANE R		NAME			, i ·		
STREET ADDRESS	1515 BROADWAY		STREET ADDRESS					
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP					
TITLE	VT	☐ Delete	TITLE			□ c	hange	
NAME STREET ADDRESS	NELSON, GEORGE S TOBY 1515 BROADWAY		NAME STREET ADDRESS					
CITY-ST-ZiP	NEW YORK, NY 10036		CITY-ST-ZIP				i	
TITLE	THE TOTAL TOTAL	☐ Delete	TITLE	DSEVP		П.	hange Addition	
NAME	•	☐ Delete	NAME		Dooley		issings 🕒 Addition	
STREET ADDRESS			STREET ADDRESS	Thomas E. 1575 Broad (السمير			
CITY-ST-ZIP			CITY-ST-ZIP	NewYork	Men York	10036	_	
TITLE		☐ Delete	TITLE	DSJP 1			hange 🖸 Addition	
NAME			NAME	Jacques To 1515 Broade	Brtoroli			
STREET ADDRESS			STREET ADDRESS	1212000000	way ,			
CITY - ST - ZIP			CITY-ST-ZIP	New York,	New Yor	<u>k 10036</u>		
TITLE		☐ Delete	TITLE			_ c	hange 🔲 Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
12. Thereby r	certify that the information supplied wit	n this filing does not qualify.	for the exemptions of	ontained in Chapter 11	9 Florida Statutes	I further certify the	if the information	

Indexect certify mat the information supplied with this litting does not quality for the everptions contained in Chapter 119, floring statutes, i normer 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.

SIG	NΔ	TI	IR	F

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FUELS - ASST Sec. 8/20/07

Daytime Phone #