

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 APR -4 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400122248754



01182008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F02000006333</b> 1. Entity Name <b>POP TOONS INC.</b>					
Principal Place of Business <b>1515 BROADWAY NEW YORK, NY 10036</b>			Mailing Address <b>C/O MICHAEL D. FRICKLAS 1515 BROADWAY NEW YORK, NY 10036</b>		
2. Principal Place of Business - No P.O. Box # <b>1515 Broadway</b>		3. Mailing Address <b>c/o Michael D. Fricklas</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>1515 Broadway</b>			
City & State <b>New York, New York</b>		City & State <b>New York, New York</b>		4. FEI Number <b>41-2044596</b>	
Zip <b>10036</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>10036</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP FRICKLAS, MICHAEL D 1515 BROADWAY NEW YORK, NY 10036 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FUERST, JANE R 1515 BROADWAY NEW YORK, NY 10036 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NELSON, GEORGE S TOBY 1515 BROADWAY NEW YORK, NY 10036 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP + Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP DOOLEY, THOMAS 1515 BROADWAY NEW YORK, NY 10036 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director + Senior Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP TORTOROLI, JACQUES 1515 BROADWAY NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director + Executive Vice President James W. Barge <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1515 Broadway New York, New York 10036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kevin Kay <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1515 Broadway New York, New York 10036	
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: <u>Jane R. Fuent</u> <span style="float: right;">Jane R. Fuent - Assistant Secretary 3/17/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 512422 7555737

AUTHORIZATION

COST LIMIT \$150.00

ORDER DATE : April 2, 2008

ORDER TIME : 7:56 PM

ORDER NO. : 512422-150

CUSTOMER NO: 7555737

ANNUAL REPORT FILING

NAME: POP TOONS INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
08 APR - 4 AM 10:48  
DEPT. REVENUE & STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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