


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000004526</b>	
1. Entity Name <b>PLAY ALONG, INC.</b>	
	
Principal Place of Business <b>800 FAIRWAY DR SUITE 295 DEERFIELD BEACH, FL 33441</b>	Mailing Address <b>C/O JAKKS PACIFIC 22619 PACIFIC COAST HWY MALIBU, CA 90265</b>



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1362510</b>	Applied For <input type="checkbox"/> Not Applicable
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 1101 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FRIEDMAN, JACK 22619 PACIFIC COAST HIGHWAY MALIBU, CA 90265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BERMAN, STEPHEN 22619 PACIFIC COAST HIGHWAY MALIBU, CA 90265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BENNETT, JOEL 22619 PACIFIC COAST HIGHWAY MALIBU, CA 90265
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**DO NOT WRITE  
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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 reports 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

**Joel M. Bennett, EVP**

Date

Daytime Phone #

**310-456-7799**