


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**


05-02-2008 90150 034 \*\*\*150.00

<b>DOCUMENT # F07000000175</b>	
1. Entity Name <b>MARVEL CHARACTERS, INC.</b>	

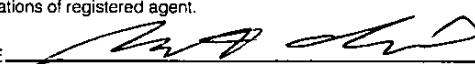
Principal Place of Business <b>9242 BEVERLY BLVD STE 350 BEVERLY HILLS, CA 90210</b>	Mailing Address <b>9242 BEVERLY BLVD STE 350 BEVERLY HILLS, CA 90210</b>
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

**66011308**

2. Principal Place of Business - No P.O. Box # <b>2240 Palm Beach Lake Blvd.</b>	3. Mailing Address <b>2240 Palm Beach Lake Blvd.</b>
Suite, Apt. #, etc. <b>Suite 101</b>	Suite, Apt. #, etc. <b>Suite 101</b>
City & State <b>West Palm Beach</b>	City & State <b>West Palm Beach</b>
Zip <b>33409</b>	Country <b>FL, USA</b>

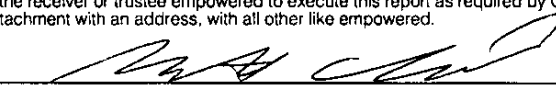
	
04222008	Chg-P CR2E034 (12/06)
4. FEI Number <b>13-3841782</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 	DATE <b>4/28/08</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<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 May Be Added to Fees</b>
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TURITZIN, JOHN 417 5TH AVE NEW YORK, NY 10016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Finck, Matt 9242 Beverly Blvd, Ste 350 Beverly Hills, CA 90210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEAN, BENJAMIN 417 5TH AVE NEW YORK, NY 10016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fine, Alan 2240 Palm Beach Lake Blvd, Suite 101 West Palm Beach, FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERIMUTTER, ISSAC P.O. BOX 1028 LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Perlmutter, Isaac 2240 Palm Beach Lake Blvd, Suite 101 West Palm Beach, FL 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEST, KENNETH P 417 5TH AVE NEW YORK, NY 10016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Porter, Ryan 9242 Beverly Blvd, Ste 350 Beverly Hills, CA 90210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAISEL, DAVID 9242 BEVERLY BLVD STE 350 BEVERLY HILLS, CA 90210 <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	V BARD, ELI 417 5TH AVE NEW YORK, NY 10016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>5/13/08</b> DAYTIME PHONE # <b>310-550-3132</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Marvel Characters, Inc.

ATTACHMENT 66011308  
#F07000000175

Vendor # 113406

Vendor Name: FLORIDA DEPARTMENT O

Check Date: 04/24/08

Check # 25965

Invoice No.	Invoice Date	Description	Gross Amount	Discount Amount	Net Amount
042308	23-APR-08	FEI#13-3841782-08 ANNUAL REPORT			\$ 150.00
Totals					\$ 150.00

Detach Statement Before Depositing Check

Totals

\$ 150.00

THIS DOCUMENT CONTAINS SECURITY FEATURES- SEE BACK FOR DETAILS

CHECK NO.	CHECK DATE	VENDOR NO.
25965	04/24/08	113406

HSBC BANK USA  
ONE HSBC CENTER  
BUFFALO, NEW YORK 14203



Marvel Characters, Inc.

Suite 350  
9242 Beverly Boulevard  
Beverly Hills, CA 90210

No. 25965

50-682/213

PAY *One Hundred Fifty & no/100 Dollars*

CHECK AMOUNT  
\$ \*\*\*\*\*150.00

TO THE FOLLOWING

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

↑  
already  
sent in  
this/ly