

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000015

1. Corporation Name
GAMES ANIMATION INC.

Principal Place of Business

1515 BROADWAY
NEW YORK NY 10036

Mailing Address

% PHILIPPE P. DAUMAN
1515 BROADWAY
NEW YORK NY 10036

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 c/o MICHAEL D. FRICKLAS
Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE - 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature Required When Incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	P	SCANNELL, HERB	1515 BROADWAY NEW YORK NY 10036	<input type="checkbox"/>
	EVSD	DAUMAN, PHILIPPE P	1515 BROADWAY NEW YORK NY 10036	<input type="checkbox"/>
	SVCF	SMITH, GEORGE S JR.	1515 BROADWAY NEW YORK NY 10036	<input type="checkbox"/>
	AS	STACK, ILENE	1515 BROADWAY NEW YORK NY 10036	<input type="checkbox"/>
	D	FRESTON, THOMAS	1515 BROADWAY NEW YORK NY 10036	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP

SVP/CFD

☐ Change ☐ Addition

AS
MICHAEL A. LIOTTA
1515 BROADWAY
NEW YORK, NY 10036

☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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
MICHAEL A. LIOTTA

1/28/99

212-846-5955

CR2E034 (11/98)

FILED
99 FEB -5 PM 1:21
SECRETARY OF STATE