2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 06, 2000 8:00 am DOCUMENT # F9200000015 Secretary of State 1. Entity Name GAMES ANIMATION INC. 03-06-2000 90101 044 ***150.00 Mailing Address Principal Place of Business ... BROADWAY % MICHAEL D. FRICKLAS Ban34197 -- YORK NY 10036 1515 BROADWAY NEW YORK NY 10036-8901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3684872 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST STE - 105 TALLAHASSEE FL 32301 Zip Code City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition TITLE Change ☐ Delete SCANNELL, HERB NAME

11. TITLE NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10036** ☐ Change X Addition evsd Delete TITLE TITLE D SVP AS DAUMAN, PHILIPPE P NAME NAME MICHAEL D. FRICKLAS STREET ADDRESS STREET ADDRESS 1515 BROADWAY 1515 Broadway CITY-ST-ZIE CITY-ST-ZIP NEW YORK NY 10036 New York, NY 10036 ☐ Change ■ Addition SVCD ☐ Detete TITLE TITLE SMITH, GEORGE S JR. NAME NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10036 ☐ Change Addition ΔS ☐ Delete TITLE TITLE NAME STACK, ILENE NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10036** ☐ Delete ☐ Change Addition TITLE TITLE FRESTON, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10036** Change Addition □X Delete AS TITLE TITLE LIOTTA, MICHAEL A NAME NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP

13. 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 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

NEW YORK NY 10036

CITY-ST-ZIP

FLLENE W. ESTACK, Ass't Secty. 2/1/00