FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # F9200000015 1 Entity Name GAMES ANIMATION INC. 4-09-2001 90019 033 ***150.00 Principal Place of Business Mailing Address 1515 BROADWAY % MICHAEL D. FRICKLAS NEW YORK NY 10036 1515 BROADWAY NEW YORK NY 10036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3684872 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete SCANNELL, HERB NAME NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10036** TITLE DSVS ☐ Delete **X** Change ☐ Addition NAME FRICKLAS, MICHAEL D NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10036 Delete ☐ Change **X** Addition TITLE SVCD TITLE NAME NAME SMITH, GEORGE S JR. STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10036 Delete TITLE ☐ Addition TITLE NAME STACK, ILENE NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10036 Delete Change ☐ Addition TITLE TITLE NAME FRESTON, THOMAS NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-7IP CITY-ST-ZIP NEW YORK NY 10036 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 seport 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 rossee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attackment with an address, with all other like empowered. SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR