


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90002 026 \*\*\*550.00

|  |  |   |
|--|--|---|
| DOCUMENT # F92000000015                |  |  |
| 1. Entity Name<br>GAMES ANIMATION INC. |  |   |

|  |   |
|--|---|
| Principal Place of Business<br>1515 BROADWAY<br>NEW YORK, NY 10036 | Mailing Address<br>% MICHAEL D. FRICKLAS<br>1515 BROADWAY<br>NEW YORK, NY 10036 |
|--|---|

**50023225**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



07102006 Chg-P CR2E034 (11/05)

|   |  |  |
|---|--|--|
| 4. FEI Number<br>13-3684872                               |  | Applied For<br><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   |  | 7. Name and Address of New Registered Agent        |          |
| THE PRENTICE-HALL CORPORATION SYSTEM INC<br>1201 HAYES ST<br>STE - 105<br>TALLAHASSEE, FL 32301 |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | FL   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ZARGHAMI, CYMA<br>1515 BROADWAY<br>NEW YORK, NY 10036 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DEVS<br>FRICKLAS, MICHAEL D<br>1515 BROADWAY<br>NEW YORK, NY 10036 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ASV<br>FUERST, JANE R<br>1515 BROADWAY<br>NEW YORK, NY 10036 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DSVP<br>FREEDLINE, ROBERT G<br>1515 BROADWAY<br>NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Director and Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Michael J. Dolan<br>1515 Broadway<br>New York, New York 10036    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DSVP<br>GORDON, SUSAN C<br>1515 BROADWAY<br>NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Director & Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Jacques Tortoroli<br>1515 Broadway<br>New York, New York 10036        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AT<br>HILL, KENNETH<br>1515 BROADWAY<br>NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Senior Vice President & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>George S. (Toby) Nelson<br>1515 Broadway<br>New York, New York 10036 |

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: Jane R. Fuerst Jane R. Fuerst - Assisted Secretary 7/14/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #