


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2007 8:00 am**  
**Secretary of State**

08-22-2007 90022 017 \*\*\*550.00

<b>DOCUMENT # F92000000015</b>					
1. Entity Name <b>GAMES ANIMATION INC.</b>					
Principal Place of Business <b>1515 BROADWAY NEW YORK, NY 10036</b>			Mailing Address <b>% MICHAEL D. FRICKLAS 1515 BROADWAY NEW YORK, NY 10036</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>13-3684872</b>	
				Applied For 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			7. Name and Address of New Registered Agent		
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES ST STE - 105 TALLAHASSEE, FL 32301</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZARGHAMI, CYMA</b>		NAME		
STREET ADDRESS	<b>1515 BROADWAY</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>NEW YORK, NY 10036</b>		CITY - ST - ZIP		
TITLE	<b>DEVS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRICKLAS, MICHAEL D</b>		NAME		
STREET ADDRESS	<b>1515 BROADWAY</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>NEW YORK, NY 10036</b>		CITY - ST - ZIP		
TITLE	<b>ASV</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FUERST, JANE R</b>		NAME		
STREET ADDRESS	<b>1515 BROADWAY</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>NEW YORK, NY 10036</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>DSEVP Thomas E. Dadey</b>	
STREET ADDRESS			STREET ADDRESS	<b>1515 Broadway</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>New York, New York 10036</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>DSEVP Jacques Tortoroli</b>	
STREET ADDRESS			STREET ADDRESS	<b>1515 Broadway</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>New York, New York 10036</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>SVPT George S. (Toby) Nelson</b>	
STREET ADDRESS			STREET ADDRESS	<b>1515 Broadway</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>New York, New York 10036</b>	
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: <i>Jane R. Fuerst</i>			SIGNATURE: <i>Jane R. Fuerst - Asst Sec.</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>8/20/07</i> Daytime Phone #: <i>(212) 846-6000</i>		

40129873



08152007 Chg-P CR2E034 (12/06)