


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 APR -4 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<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 # <b>1515 Broadway</b>		3. Mailing Address <b>Co/ Michael D. Fricklas</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>1515 Broadway</b>			
City & State <b>New York, New York</b>		City & State <b>New York, New York</b>			
Zip <b>10036</b>	Country <b>USA</b>	Zip <b>10036</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES ST STE - 105 TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</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 NAME STREET ADDRESS CITY-ST-ZIP	P ZARGHAMI, CYMA 1515 BROADWAY NEW YORK, NY 10036	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVS FRICKLAS, MICHAEL D 1515 BROADWAY NEW YORK, NY 10036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV FUERST, JANE R 1515 BROADWAY NEW YORK, NY 10036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSEV DOOLEY, THOMAS 1515 BROADWAY NEW YORK, NY 10036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP TORTOROLI, JACQUES 1515 BROADWAY NEW YORK, NY 10036	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT NELSON, GEORGE S TOBY 1515 BROADWAY NEW YORK, NY 10036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark Taylor 1515 Broadway New York, New York 10036  <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>400122248914</b>					
DEV James W. Barge 1515 Broadway New York, New York 10036  <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
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: <u>Jane R. Fuerst</u> Jane R. Fuerst - Assistant Secretary 3/17/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 512422 7555737

AUTHORIZATION

COST LIMIT \$ 150.00

ORDER DATE : April 2, 2008

ORDER TIME : 7:58 PM

ORDER NO. : 512422-170

CUSTOMER NO: 7555737

ANNUAL REPORT FILING

NAME: GAMES ANIMAITON INC.

RECEIVED  
08 APR -4 AM 10:48  
BUREAU OF CORPORATIONS  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

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