

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H00138

Entity Name: WILL EISNER STUDIOS, INC.

FILED  
Jan 16, 2007  
Secretary of State

## Current Principal Place of Business:

9419 ASTON GARDENS CT  
SUITE 306  
POMPANO BEACH, FL 33076

## Current Mailing Address:

9419 ASTON GARDENS CT  
SUITE 306  
POMPANO BEACH, FL 33076

## New Principal Place of Business:

9419 ASTON GARDENS CT  
SUITE 306  
PARKLAND, FL 33076

## New Mailing Address:

9419 ASTON GARDENS CT  
SUITE 306  
PARKLAND, FL 33076

FEI Number: 59-2414992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EISNER, ANN W.  
9419 ASTON GARDENS CT APT 306  
POMPANO BEACH, FL 33076 US

## Name and Address of New Registered Agent:

EISNER, ANN W.  
9419 ASTON GARDENS CT APT 306  
PARKLAND, FL 33076 US

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:

01/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete  
Name: EISNER, ANN W  
Address: 9419 ASTON GARDENS CT APT 306  
City-St-Zip: PARKLAND, FL 33076 US

Title: DV ( ) Delete  
Name: GROPPER, CARL  
Address: 214 EMMETT PLACE  
City-St-Zip: RIDGEWOOD, NJ 07450

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: GROPPER, CARL M  
Address: 214 EMMETT PLACE  
City-St-Zip: RIDGEWOOD, NJ 07450

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL M. GROPPER

VP

01/16/2007

Electronic Signature of Signing Officer or Director

Date