

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41107

1. Entity Name

INTERNATIONAL MUSEUM OF CARTOON ART, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90095 030 \*\*\*\*61.25

Principal Place of Business	Mailing Address
201 PLAZA REAL BOCA RATON FL 33429 US	201 PLAZA REAL BOCA RATON FL 33432-3959 US

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

Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0230316	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BRETON, PETER MOYLE, FLANIGAN, ET AL. 625 N FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent		
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	CTR <input type="checkbox"/> Delete
NAME	WALKER, MORT
STREET ADDRESS	201 PLAZA REAL
CITY-ST-ZIP	BOCA RATON FL
TITLE	PTR <input type="checkbox"/> Delete
NAME	D'ANGELO, JOSEPH F.
STREET ADDRESS	201 PLAZA REAL
CITY-ST-ZIP	BOCA RATON FL
TITLE	TTR <input type="checkbox"/> Delete
NAME	ELMORE, GEORGE T.
STREET ADDRESS	201 PLAZA REAL
CITY-ST-ZIP	BOCA RATON FL
TITLE	STR <input type="checkbox"/> Delete
NAME	WALKER, CATHERINE
STREET ADDRESS	201 PLAZA REAL
CITY-ST-ZIP	BOCA RATON FL
TITLE	TR <input checked="" type="checkbox"/> Delete
NAME	ASSAF, RONALD G.
STREET ADDRESS	201 PLAZA REAL
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GRANET, ARNOLD
STREET ADDRESS	201 PLAZA REAL
CITY-ST-ZIP	BOCA RATON FL 33432

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 617, 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: ARNOLD GRANET 3/1/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)