

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41107

FILED
Jul 11, 2004
Secretary of State**Entity Name:** INTERNATIONAL MUSEUM OF CARTOON ART, INC.**Current Principal Place of Business:**201 PLAZA REAL
BOCA RATON, FL 33429 US**New Principal Place of Business:****Current Mailing Address:**201 PLAZA REAL
BOCA RATON, FL 33432 US**New Mailing Address:****FEI Number:** 65-0230316**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRETON, PETER
MOYLE, FLANIGAN, ET AL.
625 N FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CTR () Delete
Name: WALKER, MORT
Address: 201 PLAZA REAL
City-St-Zip: BOCA RATON, FL**Title:** PTTR () Delete
Name: D'ANGELO, JOSEPH F.
Address: 201 PLAZA REAL
City-St-Zip: BOCA RATON, FL**Title:** STR () Delete
Name: WALKER, CATHERINE
Address: 201 PLAZA REAL
City-St-Zip: BOCA RATON, FL**Title:** VTR () Delete
Name: EISNER, WILL
Address: 201 PLAZA REAL
City-St-Zip: BOCA RATON, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORT WALKER

CTR

07/11/2004

Electronic Signature of Signing Officer or Director

Date