



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

Amended

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000277264		2. Exact name of the Corporation JAKKS Sales Corporation			
3. Principal office address 2951 28th Street			City Santa Monica	State CA	Zip 90405
4. Business Phone No. 424-268-9444			5. State of Incorporation Delaware		
6. Brief description of the character of business conducted in Rhode Island To engage in any lawful act or activity for which corporations may be organized under the general corporation law of Delaware.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stephen Berman			Vice-President Name Joel Bennett		
Street Address 2951 28th Street			Street Address 2951 28th Street		
City Santa Monica	State CA	Zip 90405	City Santa Monica	State CA	Zip 90405
Secretary Name Stephen Berman			Treasurer Name Joel Bennett		
Street Address 2951 28th Street			Street Address 2951 28th Street		
City Santa Monica	State CA	Zip 90405	City Santa Monica	State CA	Zip 90405
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Stephen Berman			Director Name N/A		
Street Address 2951 28th Street			Street Address		
City Santa Monica	State CA	Zip 90405	City	State	Zip
Director Name Joel Bennett			Director Name N/A		
Street Address 2951 28th Street			Street Address		
City Santa Monica	State CA	Zip 90405	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	CWP	\$0.0100

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____ **LI:1117 0-0**

By: _____
FILED
STATE OF RHODE ISLAND

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Joel Bennett
Signature of Authorized Representative
Date **07/24/2015**

Joel Bennett
Print or Type Name of Authorized Representative



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

