



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.<br><b>000277264</b>                                                                                                                                                                                 |                    | 2. Exact name of the Corporation<br><b>JAKKS Sales Corporation</b> |                                                                     |                     |                     |
| 3. Principal office address<br><b>2951 28th Street</b>                                                                                                                                                               |                    | City<br><b>Santa Monica</b>                                        | State<br><b>CA</b>                                                  | Zip<br><b>90405</b> |                     |
| 4. Business Phone No.<br><b>424-268-9444</b>                                                                                                                                                                         |                    | 5. State of Incorporation<br><b>Delaware</b>                       |                                                                     |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>To engage in any lawful act or activity for which corporations may be organized under the general corporation law of Delaware.</b> |                    |                                                                    |                                                                     |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                                                         |                    |                                                                    |                                                                     |                     |                     |
| President Name<br><b>Stephen Berman</b>                                                                                                                                                                              |                    | Vice-President Name<br><b>Joel Bennett</b>                         |                                                                     |                     |                     |
| Street Address<br><b>2951 28th Street</b>                                                                                                                                                                            |                    | Street Address<br><b>2951 28th Street</b>                          |                                                                     |                     |                     |
| City<br><b>Santa Monica</b>                                                                                                                                                                                          | State<br><b>CA</b> | Zip<br><b>90405</b>                                                | City<br><b>Santa Monica</b>                                         | State<br><b>CA</b>  | Zip<br><b>90405</b> |
| Secretary Name<br><b>Stephen Berman</b>                                                                                                                                                                              |                    | Treasurer Name<br><b>Joel Bennett</b>                              |                                                                     |                     |                     |
| Street Address<br><b>2951 28th Street</b>                                                                                                                                                                            |                    | Street Address<br><b>2951 28th Street</b>                          |                                                                     |                     |                     |
| City<br><b>Santa Monica</b>                                                                                                                                                                                          | State<br><b>CA</b> | Zip<br><b>90405</b>                                                | City<br><b>Santa Monica</b>                                         | State<br><b>CA</b>  | Zip<br><b>90405</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                                                        |                    |                                                                    |                                                                     |                     |                     |
| Director Name<br><b>Stephen Berman</b>                                                                                                                                                                               |                    | Director Name<br><b>N/A</b>                                        |                                                                     |                     |                     |
| Street Address<br><b>2951 28th Street</b>                                                                                                                                                                            |                    | Street Address                                                     |                                                                     |                     |                     |
| City<br><b>Santa Monica</b>                                                                                                                                                                                          | State<br><b>CA</b> | Zip<br><b>90405</b>                                                | City                                                                | State               | Zip                 |
| Director Name<br><b>Joel Bennett</b>                                                                                                                                                                                 |                    | Director Name<br><b>N/A</b>                                        |                                                                     |                     |                     |
| Street Address<br><b>2951 28th Street</b>                                                                                                                                                                            |                    | Street Address                                                     |                                                                     |                     |                     |
| City<br><b>Santa Monica</b>                                                                                                                                                                                          | State<br><b>CA</b> | Zip<br><b>90405</b>                                                | 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. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE

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.

Signature of Authorized Representative  
**Joel Bennett**

07/24/2015

Date

Print or Type Name of Authorized Representative

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