2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # 834552 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name TANDYCRAFTS, INC. 04-17-2000 90040 033 ***150.00 Principal Place of Business Mailing Address 1400 EVERMAN PARKWAY 1400 EVERMAN PARKWAY P.O. BOX 1869 (ZIP - 76101) P.O. BOX 1869 (ZIP - 76101) FT WORTH TX 76140 FT WORTH TX 76140-5006 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 75-1475224 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete ☐ Change TITLE TAYLOR, LEO C NAME STREET ADDRESS STREET ADDRESS 1400 EVERMAN PKWY CITY-ST-ZIP CITY-ST-ZIP FT WORTH, TX 0 TITLE C&O Addition ☐ Delete TITLE NAME WALSH, M. J. NAME STREET ADDRESS STREET ADDRESS 1400 EVERMAN PARKWAY CITY-ST-7IP CITY-ST-ZIP FT WORTH, TX 00000 PRESIDENT-Addition ☐ Delete TITLE TITLE NAME ALLEN, JAMES D NAME STREET ADDRESS STREET ADDRESS 1400 EVERMAN PKWY. CITY-ST-ZIP CITY-ST-7IP FT. WORTH TX ☐ Change ___ Addition ☐ Delete TITLE TITLE PRICE, RUSSELL L NAME NAME STREET ADDRESS STREET ADDRESS 1400 EVERMAN PKWY CITY-ST-ZIP CITY-ST-ZIP FT WORTH TX ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if