

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

B98-199

1. Entity Name

Hasbro Latin America, LP

Principal Place of Business

Mailing Address

1027 Newport Avenue
Pawtucket, RI 02862

FILED
01 APR 10 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

12000 Biscayne Boulevard
Suite, Apt. #, etc.
300

3. Mailing Address

1027 Newport Avenue
Suite, Apt. #, etc.
Attn: General Counsel

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Pawtucket, RI 02862

4. FEI Number
05-0498191

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Co.
120 Hays Street
Tallahassee, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$10,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
Hasbro Latin America Holding
1027 Newport Avenue
Pawtucket, RI 02862

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

7000004015267--3
-04/18/01--01027--019
****158.75 ****158.75

DOCUMENT #
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

(401) 727-5283

M. Parental

Daytime Phone #

CR2E003 (11/00)