

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
 AND  
 FILED

04 MAY 10 AM 8:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # B98000000199**

1. Entity Name  
**HASBRO LATIN AMERICA, L.P.**



Principal Place of Business  
**12000 BISCAYNE BLVD., SUITE 300**  
**MIAMI, FL 33181**

Mailing Address  
**1027 NEWPORT AVENUE**  
**ATTN: GENERAL COUNSEL**  
**PAWTUCKET, RI 02862**

2. Principal Place of Business  
**12000 Biscayne Blvd**

3. Mailing Address c/o Cullen, Hasbro  
**1027 Newport Avenue**



03192004 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

**Miami, FL**

**Pawtucket, RI**

**05-0498191**

Not Applicable

Zip  
**33181**

Country  
**USA**

Zip  
**02862**

Country  
**USA**

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 COMPANY**  
**1201 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 # **F98000001863**  
 NAME **HASBRO LATIN AMERICA HOLDINGS, INC.**  
 STREET ADDRESS **1027 NEWPORT AVENUE**  
 CITY-ST-ZIP **PAWTUCKET, RI 02862**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

**000037574080**  
**06/02/04--01036--002 \*\*8.75**

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**06/02/04--01036--003 \*\*150.00**

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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:**

*Barry Nagler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**Barry Nagler, Senior Vice President,  
 General Counsel and Secretary**

4/2/04

STAPLE CHECK HERE