
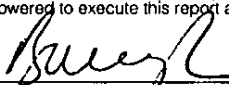


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

158.75

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUL -5 AM 11:00

DOCUMENT # B98000000199 1. Entity Name HASBRO LATIN AMERICA, L.P.					
Principal Place of Business 12000 BISCAYNE BLVD. MIAMI, FL 33181			Mailing Address 1027 NEWPORT AVENUE C/O CULLEN, HASBRO PAWTUCKET, RI 02862		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05092005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 05-0498191	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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		STREET ADDRESS		
NAME	HASBRO LATIN AMERICA HOLDINGS, INC.		CITY - ST - ZIP		
STREET ADDRESS	1027 NEWPORT AVENUE				
CITY - ST - ZIP	PAWTUCKET, RI 02862				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
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: 			5/9/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Barry Nagler, Sr. VP, General Counsel and Secretary			Date Daytime Phone #		

STAPLE CHECK HERE