

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000199

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



FILED

03 MAY -6 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

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 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.

11. MAKE CHECK PAYABLE TO FL. 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 # F98000001863
NAME HASBRO LATIN AMERICA HOLDINGS, INC.
STREET ADDRESS 1027 NEWPORT AVENUE
CITY-ST-ZIP PAWTUCKET RI 02862

STREET ADDRESS

CITY-ST-ZIP

400015031234

DOCUMENT #
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CITY-ST-ZIP

04/01/03--01056--005 **150.00

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CITY-ST-ZIP

400015031234
05/06/03--01070--010 **8.75

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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:

Barry Nagler
BARRY NAGLER
Signature Required
Nashbro Latin America 3/25/03 401 727 5283
Signature and typed or printed name of signing general partner
Date Daytime Phone #

CR2E003 (10/02)

0018563 MB

STAPLE CHECK HERE