2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000001222 FILED 1. Entity Name MATTEL LATIN AMERICA HQ, INC. 04 APR 30 PH 3: 14 Mailing Address Principal Place of Business SECRETARY OF STATE 333 CONTINENTAL BOULEVARD 333 CONTINENTAL BOULEVARD TALLAHASSEE, PLORINA EL SEGUNDO, CA 90245 EL SEGUNDO, CA 90245 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04272004 Chg-P Applied For City & State City & State 4. FEI Number 61-1407177 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. VICE PRESIDENT & TREASUREEN Change ☐ Delete TITLE TITLE WEISENBURGER, GUY NAME NAME H. SCOTT TOPHAM 333 CONTINENTAL BLUD. STREET ADDRESS 333 CONTINENTAL BOULEVARD STREET ADDRESS CITY - ST - ZIP SEGUNDO, CA 90245 CITY-ST-7IP EL SEGUNDO, CA 90245 ASSISTANT SECRETARY RENEE GELBART 333 CONTINENTAL BLVO, ☐ Delete TITLE Change TITLE DICKSON, CARY NAME NAME STREET ADDRESS 333 CONTINENTAL BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EL SEGUNOO, CA 90245 EL SEGUNDO, CA 90245 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NORMILE, ROBERT NAME NAME STREET ADDRESS 333 CONTINENTAL BOULEVARD STREET ADDRESS EL SEGUNDO, CA 90245 CITY-ST-ZIP CITY-ST-ZIP - 800035791 05/10/04--01004--024 Delete TITLE TITLE NAME STAVRO, WILLIAM STREET ADDRESS 333 CONTINENTAL BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EL SEGUNDO, CA 90245 ☐ Change ☐ Addition ☐ Delete TITLE TITLE O'BRIEN, CHRISTOPHER NAME NAME 333 CONTINENTAL BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EL SEGUNDO, CA 90245 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

RENEE

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR