2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State
05-17-2005 90018 024 ***150.00

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1. Entity Name
MATTEL LATIN AMERICA HQ, INC.

Principal Place of Business	Mailing Address
333 CONTINENTAL BOULEVARD EL SEGUNDO, CA 90245	333 CONTINENTAL BOULEVARD EL SEGUNDO, CA 90245

50052855

04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1407177
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WEISENBURGER, GUY
STREET ADDRESS	333 CONTINENTAL BOULEVARD
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	V
NAME	DICKSON, CARY
STREET ADDRESS	333 CONTINENTAL BOULEVARD
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	SD
NAME	NORMILE, ROBERT
STREET ADDRESS	333 CONTINENTAL BOULEVARD
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	AS
NAME	GELBART, RENEE
STREET ADDRESS	333 CONTINENTAL BOULEVARD
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	D
NAME	O'BRIEN, CHRISTOPHER
STREET ADDRESS	333 CONTINENTAL BOULEVARD
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Renee Gelbart RENEE GELBART 5-11-05 (310)252-4859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #