2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2005 8:00 am Secretary of State **DOCUMENT # F95000002794** 1. Entity Name 04-04-2005 90071 004 ***150.00 HALLMARK LICENSING, INC. Principal Place of Business Mailing Address 2440 PERSHING ROAD P.O. BOX 419479 STE 300 TAX #407 KANSAS CITY MO 64108 KANSAS CITY MO 64141-6479 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 43-1662389 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 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 Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. $\overline{\mathbb{C}}$ TITLE Defete TITLE Change : Addition DON FLETCHER NAME NAME James Boike STREET ADDRESS 2128 OAK CREST DR STREET ADDRESS 1001 W. 66th St., Kansas City, MO 64113 CITY-ST-ZIP LIBERTY MO 64068 CITY-ST-ZIP TITLE Delete TITLE STEDEM, DEANNE NAME Paul Barker STREET ADDRESS 1002 WEST 63RD ST STREET ADDRESS 14 NE 43rd St., Kansas City, MO 64116 CITY-ST-7IP KANSAS CITY MO 64113 CITY-ST-ZIP TITLE - 🔲 Delete TITLE ☐ Change Addition NAME MACPHERSON, LISA NAME STREET ADDRESS 4813 WEST 148TH STREET ADDRESS CITY-ST-ZIP LEAWOOD KS 66224 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME MCKINNEY, E B NAME 10434 WEST 126TH STREET STREET ADDRESS STREET ADDRESS OVERLAND PARK KS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE HARLEY, KEVIN NAME NAME 16 F STREET STREET ADDRESS STREET ADDRESS LAKE LOTAWANA MO 64086 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 eport 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 truther 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin M. Hartley

FILED