

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 29 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000150 (0)
 1. Corporation Name
PLAY BY PLAY TOYS & NOVELTIES, INC.



Principal Place of Business 4400 TEJASCO SAN ANTONIO TX 78218 US	Mailing Address PO BOX 18267 SAN ANTONIO TX 78218
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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3. Date Incorporated or Qualified 01/09/1996	
4. FEI Number 74-2623760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	P
NAME	TORRES, ARTURO G	1.2 NAME	MARK A. GAWLIK
STREET ADDRESS	4400 TEJASCO	1.3 STREET ADDRESS	4400 TEJASCO
CITY-ST-ZIP	SAN ANTONIO TX 78218	1.4 CITY-ST-ZIP	SAN ANTONIO, TX 78218
TITLE	D	2.1 TITLE	D
NAME	DURAN, TOMAS	2.2 NAME	OTTIS BYERS
STREET ADDRESS	4400 TEJASCO	2.3 STREET ADDRESS	4400 TEJASCO
CITY-ST-ZIP	SAN ANTONIO TX 78218	2.4 CITY-ST-ZIP	SAN ANTONIO, TX 78218
TITLE	D	3.1 TITLE	D
NAME	GUERRA, BERTO JR.	3.2 NAME	JAMES F. PLACE
STREET ADDRESS	4400 TEJASCO	3.3 STREET ADDRESS	4400 TEJASCO
CITY-ST-ZIP	SAN ANTONIO TX 78218	3.4 CITY-ST-ZIP	SAN ANTONIO, TX 78218
TITLE	S	4.1 TITLE	D
NAME	GAMORAN, SAUL	4.2 NAME	STEVE K. LIAO
STREET ADDRESS	4400 TEJASCO	4.3 STREET ADDRESS	4400 TEJASCO
CITY-ST-ZIP	SAN ANTONIO TX	4.4 CITY-ST-ZIP	SAN ANTONIO, TX 78218
TITLE	V	5.1 TITLE	V
NAME	FOREMAN, JAY B	5.2 NAME	FRANCISCO SAEZ MOYA
STREET ADDRESS	4400 TEJASCO	5.3 STREET ADDRESS	4400 TEJASCO
CITY-ST-ZIP	SAN ANTONIO TX 78218	5.4 CITY-ST-ZIP	SAN ANTONIO, TX 78218
TITLE	T	6.1 TITLE	
NAME	BRAUN, RAYMOND	6.2 NAME	
STREET ADDRESS	4400 TEJASCO	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	6.4 CITY-ST-ZIP	

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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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond Braun* 7/15/98 210 8044562

CR2E034 (5/98)