

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90008 017 ***150.00

DOCUMENT # F96000000150

1. Entity 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 78218-0267**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **74-2623760**
 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**

7. Name and Address of New Registered Agent
 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.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: C NAME: TORRES, ARTURO G STREET ADDRESS: 4400 TEJASCO CITY-ST-ZIP: SAN ANTONIO TX 78218	<input type="checkbox"/> Delete	TITLE: CFO NAME: JOE M. GUERRA STREET ADDRESS: 4400 TEJASCO CITY-ST-ZIP: SAN ANTONIO, TX 78218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DURAN, TOMAS STREET ADDRESS: 4400 TEJASCO CITY-ST-ZIP: SAN ANTONIO TX 78218	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NAME: GUARIGONE M. DIAZ STREET ADDRESS: 4400 TEJASCO CITY-ST-ZIP: SAN ANTONIO, TX 78218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GUERRA, BERTO JR. STREET ADDRESS: 4400 TEJASCO CITY-ST-ZIP: SAN ANTONIO TX 78218	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: STEVE LIAO STREET ADDRESS: 4400 TEJASCO CITY-ST-ZIP: SAN ANTONIO, TX 78218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: GAMORAN, SAUL STREET ADDRESS: 4400 TEJASCO CITY-ST-ZIP: SAN ANTONIO TX	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BYERS, OTTIS STREET ADDRESS: 4400 TEJASCO CITY-ST-ZIP: SAN ANTONIO TX 78218	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: BRAUN, RAYMOND STREET ADDRESS: 4400 TEJASCO CITY-ST-ZIP: SAN ANTONIO TX 78218	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joe M. Guerra DATE: 4/5/00 DAYTIME PHONE #: 210-829-4666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOE M. GUERRA SEC/TREAS