

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90019 034 \*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **74-2623760**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TORRES, ARTURO G</b>	
STREET ADDRESS	<b>4400 TEJASCO</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TX 78218</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUERRA, JOE M</b>	
STREET ADDRESS	<b>4400 TEJASCO</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TX 78218</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUERRA, BERTO JR.</b>	
STREET ADDRESS	<b>4400 TEJASCO</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TX 78218</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIAZ, GUARIONE M</b>	
STREET ADDRESS	<b>4400 TEJASCO</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TX 78218</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BYERS, OTTIS</b>	
STREET ADDRESS	<b>4400 TEJASCO</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TX 78218</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRAUN, RAYMOND</b>	
STREET ADDRESS	<b>4400 TEJASCO</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TX 78218</b>	

TITLE	<b>CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOMAS DURAN</b>	
STREET ADDRESS	<b>4400 TEJASCO</b>	
CITY-ST-ZIP	<b>SAN ANTONIO, TX 78218</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD R. NEITZ</b>	
STREET ADDRESS	<b>4400 TEJASCO</b>	
CITY-ST-ZIP	<b>SAN ANTONIO, TX 78218</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Steve K.C. Liao</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Houmad Puetz</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Treasurer* 4/5/01

Date

(210) 829-4666

Daytime Phone #

CRE034 (10/00)