2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2004 8:00 am **Secretary of State DOCUMENT # L04445** 1. Entity Name 02-06-2004 90029 022 ***150.00 PRESTIGE TOYS, INC. Principal Place of Business Mailing Address % ROBERT E. SPENCE 5100 DUPONT BLVD., PENTHOUSE C. FT. LAUDERDALE FL 33308 % ROBERT E. SPENCE 5100 DUPONT BLVD., PENTHOUSE C. FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0141350 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPENCE, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) 5100 DUPONT BLVD. PENTHOUSE C FT. LAUDERDALE FL 33308 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PITIO TITLE Change ☐ Addition TITLE ☐ Delete SPENCE, ROBERT E. 5100 DUPONT BLVD NAME SPENCE, ROBERT E. NAME 5100 DUPONT BLVD STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL. CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP V/5/P TITLE ☐ Delete TITLE Change Change ☐ Addition SPENCE, DARLENE C. SPENCE, DARLENE C. NAME 5100 DUPONT BLVD STREET ADDRESS 5100 DUPONT BLVD STREET ADDRESS FT. LAUDERDALE FL. CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITS F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

ROBERT E. SPENCE SIGNATURE: