

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031525

1. Entity Name
EXCLAMATION TOY COMPANY

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90030 002 ***158.75

Principal Place of Business Mailing Address
840 SW 81ST AVENUE 840 SW 81ST AVENUE
NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068-2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0920726		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FRIEDMAN, HARRY 1221 BRICKELL AVENUE MIAMI FL 33131				Name			
				Timothy Weeks Street Address (P.O. Box Number is Not Acceptable) 840 SW 81st Ave.			
				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.

SIGNATURE Timothy Weeks 1/14/00 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	SM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEEKS, TIMOTHY		NAME	Weeks, Timothy	
STREET ADDRESS	840 SW 81ST AVENUE		STREET ADDRESS	840 SW 81st Ave.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE	D <input type="checkbox"/> Delete		TITLE	PM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINSTEIN, BARBARA A		NAME	Weinstein, Barbara-Ann	
STREET ADDRESS	840 SW 81ST AVENUE		STREET ADDRESS	840 SW 81st Ave.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE	D <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMUELS, LEONARD K		NAME	Samuels, Leonard K.	
STREET ADDRESS	840 SW 81ST AVENUE		STREET ADDRESS	840 SW 81st Ave.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Timothy Weeks 1/14/00 (954) 724-3899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)