



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Limited Liability Company
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2013

1. ID No. 000522492

2. Exact Name of the Limited Liability Company Cedar Springs Productions LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

The nature of business or purpose to be conducted or promoted by the Company is to engage in any lawful act or activity and to exercise any powers permitted to limited liability companies organized under the laws of the State of Rhode Island that are related or incidental to and necessary or convenient or advisable for the accomplishment of the above mentioned purposes.

5. Principal Office Address

No. and Street: 2950 N. HOLLYWOOD WAY
SUITE 100

City or Town: BURBANK State: CA Zip: 91505 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ANN COSTA Contact Title:

No. and Street: 1027 NEWPORT AVENUE

City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	BRIAN GOLDNER MANAGER	1011 NEWPORT AVENUE PAWTUCKET, RI 02862 USA
MANAGER	DAVID D.R. HARGREAVES MANAGER	1011 NEWPORT AVENUE PAWTUCKET, RI 02862 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

HASBRO, INC. GENERAL COUNSEL 1011 NEWPORT AVENUE PAWTUCKET , RI 02862

Signed this 9 Day of September, 2013 at 1:41:43 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By BARBARA FINIGAN
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

