

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 820111 (3)**

1. Corporation Name  
**WALT DISNEY WORLD CO.**



Principal Place of Business <b>1375 BUENA VISTA DR 4 FLR N LAKE BUENA VISTA FL 32830 US</b>	Mailing Address <b>500 S BUENA VISTA S BURBANK CA 92521-0340 US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/09/1966</b>	3a. Date of Last Report <b>04/27/1995</b>
21. Suite, Apt # etc	26. <b>500 South Buena Vista Street</b>	4. FEI Number <b>95-2412883</b>	Applied For Not Applicable
22. City & State	27. <b>Burbank, CA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. <b>91521-0586</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. <b>USA</b>	30. <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  <b>IOPPOLO, FRANK S. 1375 BUENA VISTA DR. 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (DATE \_\_\_\_\_)  
Signature typed or printed name of reg. office, agent and firm if applicable. (DATE: Registered Agent signature required when certifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO <b>CARPENTER, FARRIS E.</b>	11 TITLE	SVPF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1375 BUENA VISTA DR.</b>	12 NAME	
STREET ADDRESS	<b>LAKE BUENA VISTA FL</b>	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VS <b>SCHMUDE, LEE</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1375 BUENA VISTA DR.</b>	22 NAME	
STREET ADDRESS	<b>LAKE BUENA VISTA FL</b>	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	PD <b>GREEN, JUDSON C.</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500 S BUENA VISTA ST</b>	32 NAME	
STREET ADDRESS	<b>BURBANK CA</b>	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	CD <b>WELLS, FRANK G.</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500 S BUENA VISTA ST</b>	42 NAME	
STREET ADDRESS	<b>BURBANK CA</b>	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	D <b>LITVACK SANFORD M.</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500 S. BUENA VISTA ST.</b>	52 NAME	
STREET ADDRESS	<b>BURBANK CA</b>	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	AS <b>REED, MARSHA L.</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500 S BUENA VISTA ST</b>	62 NAME	
STREET ADDRESS	<b>BURBANK CA</b>	63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marsha L. Reed* **6/17/96** (818) 560-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARSHA L. REED, ASSISTANT SECRETARY**

CR2E034 (3/96)