

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 11 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 SOUTH BUENA VISTA STREET BURBANK CA 91521-0001 US</b>
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<b>3.</b> Date Incorporated or Qualified <b>12/09/1966</b>	<b>3a.</b> Date of Last Report <b>06/25/1996</b>
<b>4.</b> FEI Number <b>95-2412883</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> State, Apt. #, etc.	<b>26</b> <b>500 S. Buena Vista St.</b>
<b>22</b> City & State	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> <b>Burbank, CA</b>
<b>24</b> Zip	<b>29</b> <b>91521-0586</b>
<b>25</b> Country	<b>30</b> <b>USA</b>

**9. Name and Address of Current Registered Agent**

**IOPPOLO, FRANK S.  
1375 BUENA VISTA DR.  
4TH FLOOR NORTH  
LAKE BUENA VISTA FL 32830**

**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 **FL**

**11.** Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE
NAME	<b>CARPENTER, FARRIS E.</b>	
STREET ADDRESS	<b>1375 BUENA VISTA DR.</b>	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHMUDDE, LEE</b>	
STREET ADDRESS	<b>1375 BUENA VISTA DR.</b>	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, JUDSON C.</b>	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	
CITY-ST-ZIP	<b>BURBANK CA</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WELLS, FRANK G.</b>	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	
CITY-ST-ZIP	<b>BURBANK CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LITVACK SANFORD M.</b>	
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>	
CITY-ST-ZIP	<b>BURBANK CA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, MARSHA L.</b>	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	
CITY-ST-ZIP	<b>BURBANK CA</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<b>SVPT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME		
<b>1.3</b> STREET ADDRESS		
<b>1.4</b> CITY-ST-ZIP	<b>32830</b>	
<b>2.1</b> TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.2</b> NAME		
<b>2.3</b> STREET ADDRESS		
<b>2.4</b> CITY-ST-ZIP	<b>32830</b>	
<b>3.1</b> TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	<b>D Green, Judson C.</b>	
<b>3.3</b> STREET ADDRESS	<b>500 S. Buena Vista St.</b>	
<b>3.4</b> CITY-ST-ZIP	<b>Burbank, CA 91521</b>	
<b>4.1</b> TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2</b> NAME	<b>Allen R. Weiss</b>	
<b>4.3</b> STREET ADDRESS	<b>1375 Buena Vista Dr.</b>	
<b>4.4</b> CITY-ST-ZIP	<b>Lake Buena Vista, FL 32830</b>	
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP	<b>91521</b>	
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> CITY-ST-ZIP	<b>91521</b>	

**14.** I do 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 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 607, 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** *Marsha L. Reed* (818) 560-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-25-97 Daytime Phone #

CR2E034 (9/96)