

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **856185** (4)

1. Corporation Name
THE DISNEY CHANNEL COMPANY



Principal Place of Business: **500 S BUENA VISTA ST BURBANK CA 91521 US**
Mailing Address: **500 S BUENA VISTA ST BURBANK CA 91521-0340 US**

3. Date Incorporated or Qualified: **04/20/1983**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 500 SOUTH BUENA VISTA STREET	95-2592972	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	28 BURBANK, CA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25 91521-0586	29	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOKE, JOHN F.	1.2 NAME	SWEENEY, ANNE M.
STREET ADDRESS	500 S BUENA VISTA ST	1.3 STREET ADDRESS	3800 W. ALAMEDA AVE.
CITY-ST-ZIP	BURBANK CA	1.4 CITY-ST-ZIP	BURBANK, CA 91505
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L	2.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	2.4 CITY-ST-ZIP	
TITLE	SVPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPKER, PATRICK T	3.2 NAME	
STREET ADDRESS	3800 W. ALAMEDA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	4.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	4.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, DAVID A.	5.2 NAME	BUETTNER, ANNE L.
STREET ADDRESS	500 S. BUENA VISTA ST.	5.3 STREET ADDRESS	500 S. BUENA VISTA ST.
CITY-ST-ZIP	BURBANK CA	5.4 CITY-ST-ZIP	BURBANK, CA 91521
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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* **4/18/96** (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)