

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 # **F94000001827 (4)**

1. Corporation Name

WALT DISNEY PICTURES AND TELEVISION, INC.



Principal Place of Business: 500 SOUTH BUENA VISTA STREET, BURBANK CA 91521
Mailing Address: 500 S BUENA VISTA STREET, BURBANK CA 91521-0340, US

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Burbank, CA 24 Zip: 91521-0586 Country: USA
2a. Mailing Address: 26 500 SOUTH BUENA VISTA STREET 27 Suite, Apt. #, etc. 28 Burbank, CA 29 Zip: 91521-0586 30 Country: USA
4. FEI Number: 95-3834209
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: IOPPOLO, FRANK S, 1375 BUENA VISTA DRIVE, 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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD <input checked="" type="checkbox"/> DELETE	NAME: KATZENBERG, JEFFREY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 500 SOUTH BUENA VISTA STREET	CITY-ST-ZIP: BURBANK CA	1.2 NAME	
TITLE: PD <input type="checkbox"/> DELETE	NAME: HIGHTOWER, DENNIS F	1.3 STREET ADDRESS	
STREET ADDRESS: 500 SOUTH BUENA VISTA STREET	CITY-ST-ZIP: BURBANK CA	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D <input type="checkbox"/> DELETE	NAME: LITRVACK, SANFORD M	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 500 SOUTH BUENA VISTA STREET	CITY-ST-ZIP: BURBANK CA	2.2 NAME	
TITLE: S <input type="checkbox"/> DELETE	NAME: REED, MARSHA L	2.3 STREET ADDRESS	
STREET ADDRESS: 500 SOUTH BUENA VISTA STREET	CITY-ST-ZIP: BURBANK CA	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D <input type="checkbox"/> DELETE	NAME: ROTH, JOE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 500 SOUTH BUENA VISTA STREET	CITY-ST-ZIP: BURBANK CA	3.2 NAME	
TITLE: EVT <input checked="" type="checkbox"/> DELETE	NAME: MCGURK, CHRISTOPHER J	3.3 STREET ADDRESS	
STREET ADDRESS: 500 SOUTH BUENA VISTA STREET	CITY-ST-ZIP: BURBANK CA	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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)