

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90075 040 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000001827**

1. Corporation Name  
**WALT DISNEY PICTURES AND TELEVISION, INC.**



Principal Place of Business  
**500 SOUTH BUENA VISTA STREET  
 BURBANK CA 91521**

Mailing Address  
**500 SOUTH BUEN VISTA STREET  
 BURBANK CA 91521-0586  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/11/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		95-3834209	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		Applied For Not Applicable	
Zip		Zip		8.75 Additional Fee Required	
24		29		5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
IOPPOLO, FRANK S 1375 BUENA VISTA DRIVE, 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830				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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	1.1 TITLE	EVCFO
NAME	HANFORD, JAMES D	1.2 NAME	MOORE, ROBERT S.
STREET ADDRESS	500 S BUENA VISTA STREET	1.3 STREET ADDRESS	500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP	BURBANK CA 91521	1.4 CITY-ST-ZIP	BURBANK, CA 91521
TITLE	D	2.1 TITLE	
NAME	LITVACK, SANFORD M.	2.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	REED, MARSHA L	3.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	
NAME	ROTH, JOE	4.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	AT
NAME	BUETTNER, ANNE L.	5.2 NAME	BUETTNER, ANNE L.
STREET ADDRESS	500 SOUTH BUEN VISTA STREET	5.3 STREET ADDRESS	500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP	BURBANK CA 91521	5.4 CITY-ST-ZIP	BURBANK, CA 91521
TITLE		6.1 TITLE	P
NAME		6.2 NAME	SCHNEIDER, PETER
STREET ADDRESS		6.3 STREET ADDRESS	500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BURBANK, CA 91521

14. I 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, with a different like empowered.

SIGNATURE: **MARSHA L. REED** *Marsha L. Reed* 4-27-99 (818) 560-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)