

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90129 036 ***150.00

DOCUMENT # F94000001827
 1. Entity Name
WALT DISNEY PICTURES AND TELEVISION, INC.

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

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

AUG 10 2001

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3834209

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**IOPPOLO, FRANK S.
 1375 BUENA VISTA DRIVE
 4TH FLOOR NORTH
 LAKE BUENA VISTA, FL 32830**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LITVACK, SANFORD M. 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S REED, MARSHA L. 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete AT BUETTNER, ANNE L. 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SCHNEIDER, PETER 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D IGER, ROBERT A. 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CD SCHNEIDER, PETER 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D THOMPSON, DAVID K. 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARSHA L. REED** *Marsha L. Reed* 4/16/01 (818) 560-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)