

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

APPROVED AND FILED

95 APR 27 AM 7:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F94000004239 (9)
 1. Corporation Name:
DISNEY SPECIAL PROGRAMS, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 500 S. Buena Vista Street		08/16/1994			
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number		Applied For	
23 City & State		28 Burbank, CA		95-4490516		Not Applicable	
24 Zip		25 Country		29 91521-0340		30 U.S.	
5. Certificate of Status Desired <input type="checkbox"/>				8. This corporation has liability for intangible tax under S. 100.002, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$8.75 Additional Fee Required			
				7. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent

**IOPPOLO, FRANK S
 4TH FLOOR NORTH
 1375 BUENA VISTA DRIVE
 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

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) (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JUDSON C	2. NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	3. STREET ADDRESS	
CITY, ST, ZIP	BURBANK CA 91521	4. CITY, ST, ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	22. NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	23. STREET ADDRESS	
CITY, ST, ZIP	BURBANK CA 91521	24. CITY, ST, ZIP	
TITLE	SD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L	32. NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	33. STREET ADDRESS	
CITY, ST, ZIP	BURBANK CA 91521	34. CITY, ST, ZIP	
TITLE	XX	41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLISNIAK, ANDREW R	42. NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	43. STREET ADDRESS	
CITY, ST, ZIP	BURBANK CA 91521	44. CITY, ST, ZIP	
TITLE	T	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DAVID A	52. NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	53. STREET ADDRESS	
CITY, ST, ZIP	BURBANK CA 91521	54. CITY, ST, ZIP	
TITLE	XX	61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARFIELD, RANDY	62. NAME	SVP
STREET ADDRESS	1375 BUENA VISTA DRIVE	63. STREET ADDRESS	Garfield, Randy
CITY, ST, ZIP	LAKE BUENA VISTA FL 32830	64. 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* **11/19/95** (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (OPTIONAL)