

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

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F94000004239 (9)**

1. Corporation Name

**DISNEY SPECIAL PROGRAMS, INC.**



Principal Place of Business <b>500 SOUTH BUENA VISTA STREET BURBANK CA 91521</b>	Mailing Address <b>500 SOUTH BUENA VISTA STREET BURBANK CA 91521-0001 US</b>
---	---

3. Date Incorporated or Qualified <b>08/16/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>95-4490516</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <input type="checkbox"/> Suite, Apt. #, etc.	26 <b>500 S. Buena Vista St.</b>
22 <input type="checkbox"/> City & State	27 <input type="checkbox"/> Suite, Apt. #, etc.
23 <input type="checkbox"/> Zip	28 <b>Burbank, CA</b>
24 <input type="checkbox"/> Country	29 <b>91521-0586</b>
25 <input type="checkbox"/>	30 <b>USA</b>

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature, typed or printed name, of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, JUDSON C</b>	1.2 NAME	
STREET ADDRESS	<b>500 SOUTH BUENA VISTA STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITVACK, SANFORD M</b>	2.2 NAME	
STREET ADDRESS	<b>500 SOUTH BUENA VISTA STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, MARSHA L</b>	3.2 NAME	
STREET ADDRESS	<b>500 SOUTH BUENA VISTA STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTORO, JANET T.</b>	4.2 NAME	
STREET ADDRESS	<b>500 S.BUENA VISTA ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUETTNER, ANNE L.</b>	5.2 NAME	
STREET ADDRESS	<b>500 S.BUENA VISTA ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	5.4 CITY-ST-ZIP	<b>91521</b>
TITLE	<b>SVP</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARFIELD, RANDY</b>	6.2 NAME	
STREET ADDRESS	<b>1375 BUENA VISTA DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

**Marsha L. Reed**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(818) 560-1000**

CR2E034 (9/96)