

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

FILED

**May 26 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001129
1. Corporation Name: **ABC, Inc.**

Principal Place of Business: _____ Mailing Address: _____

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21. 77 West 66th Street Suite, Apt #, etc.	22. New York, NY	26. 500 S. Buena Vista Street Suite, Apt #, etc.	27. Burbank, CA
23. 10023 Country: USA	24. 91521-0586 Country: USA		

3. Date Incorporated or Qualified 3/5/97	4. FEI Number 14-1284013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

B. 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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	Iger, Robert A.	
STREET ADDRESS	77 W. 66th Street	
CITY-ST-ZIP	New York, NY 10023	
TITLE	SD	<input type="checkbox"/>
NAME	Reed, Marsha L.	
STREET ADDRESS	500 S. Buena Vista Street	
CITY-ST-ZIP	Burbank, CA 91521	
TITLE	CFO	<input type="checkbox"/>
NAME	Murphy, Peter E.	
STREET ADDRESS	77 W. 66th Street	
CITY-ST-ZIP	New York, NY 10023	
TITLE	D	<input type="checkbox"/>
NAME	Litvack, Sanford M.	
STREET ADDRESS	500 S. Buena Vista Street	
CITY-ST-ZIP	Burbank, CA 91521	
TITLE	VD	<input type="checkbox"/>
NAME	Thompson, David	
STREET ADDRESS	500 S. Buena Vista Street	
CITY-ST-ZIP	Burbank, CA 91521	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

Handwritten signature and date: 4/17/98

**100002537331
-05/27/98--01095--007
***150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **4-17-98** **(818) 560-1000**

CR2E034 (10/97)