


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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90021 014 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000003341**

1. Corporation Name  
**WALT DISNEY TELEVISION INTERNATIONAL (LATIN AMER ICA), INC.**

Principal Place of Business 350 SO BUENA VISTA ST BURBANK CA 91521	Mailing Address 500 SOUTH BUENA VISTA STREET BURBANK CA 91521-0586 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/26/1997</b>
21	26	4. FEI Number <b>95-2129307</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>\$8.75-Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip
		30 Country
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
 1200 SO PINE ISLAND RD  
 PLANTATION FL 33324

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P ZORADI, MARK D</b>	1.2 NAME	
STREET ADDRESS	<b>350 SO BUENA VISTA ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T BUETTNER, ANNE L</b>	2.2 NAME	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S REED, MARSHA L</b>	3.2 NAME	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D LITVACK, SANFORD M</b>	4.2 NAME	<b>VD LITVACK, SANFORD M.</b>
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	4.3 STREET ADDRESS	<b>500 SOUTH BUENA VISTA STREET</b>
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	4.4 CITY-ST-ZIP	<b>BURBANK, CA 91521</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MOORE, ROBERT S</b>	5.2 NAME	<b>VD MOORE, ROBERT S.</b>
STREET ADDRESS	<b>500 SO BUENA VISTA ST</b>	5.3 STREET ADDRESS	<b>500 SOUTH BUENA VISTA STREET</b>
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	5.4 CITY-ST-ZIP	<b>BURBANK, CA 91521</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ROTH, JOE</b>	6.2 NAME	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	6.4 CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: **MARSHA L. REED** *[Signature]* **4-15-99** (818) 560-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)