

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002236

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: DCL SERVICES LTD., INC.

## Current Principal Place of Business:

1375 BUENA VISTA DR.  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830

## New Principal Place of Business:

## Current Mailing Address:

500 S. BUENA VISTA ST  
BURBANK, CA 915210586

## New Mailing Address:

500 S. BUENA VISTA ST  
BURBANK, CA 915210105

FEI Number: 95-4524548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, JEFFREY H  
1375 BUENA VISTA DR  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AT ( ) Delete  
Name: HANFORD, JAMES D  
Address: 500 S. BUENA VISTA ST  
City-St-Zip: BURBANK, CA 91521

Title: PD ( ) Delete  
Name: MCALPIN, THOMAS M  
Address: 210 CELEBRATION PLACE  
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete  
Name: WEISS, ALLEN R  
Address: 1375 BUENA VISTA DR.  
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: SD ( ) Delete  
Name: REED, MARSHA L  
Address: 500 S. BUENA VISTA ST  
City-St-Zip: BURBANK, CA 91521

Title: VT ( ) Delete  
Name: HEANEY, JAMES M  
Address: 210 CELEBRATION PL.  
City-St-Zip: CELEBRATION, FL 34747

Title: AT ( ) Delete  
Name: BUETTNER, ANNE L  
Address: 500 S. BUENA VISTA ST  
City-St-Zip: BURBANK, CA 91521

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA L. REED

S

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date