

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K84262 (0)**

1. Corporation Name
DISNEY WORLDWIDE SERVICES, INC.



Principal Place of Business: **1375 BUENA VISTA DR, 4TH FL N, LAKE BUENA VISTA FL 32830**
Mailing Address: **500 S BUENA VISTA STREET, 4TH FL N, BURBANK CA 91521-0340, US**

3. Date Incorporated or Qualified: **05/01/1989**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **95-4245682**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1375 BUENA VISTA DR, 4TH FL N, LAKE BUENA VISTA FL 32830**
2a. Mailing Address: **26 500 SOUTH BUENA VISTA STREET, 4TH FL N, BURBANK, CA, 29 91521-0586, 30 USA**

9. Name and Address of Current Registered Agent:
FRANK S. IOPPOLO, 1375 BUENA VISTA DRIVE, 4TH FLOOR NORTH, 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: **FL**

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 the filer, as applicable) (Date: _____) (Date: _____)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	SD REED, MARSHA L.	<input type="checkbox"/>
NAME	500 S. BUENA VISTA ST. BURBANK CA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD THOMPSON, DAVID K.	<input type="checkbox"/>
NAME	500 S. BUENA VISTA ST. BURBANK CA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP GREEN, JUDSON C.	<input type="checkbox"/>
NAME	500 S. BUENA VISTA ST. BURBANK CA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD LITVACK, SANFORD M	<input type="checkbox"/>
NAME	500 S. BUENA VISTA ST BURBANK CA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T HUNT, JAMES	<input type="checkbox"/>
NAME	1375 BUENA VISTA DR LAKE BUENA VISTA FL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
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** *Marsha L. Reed* **4/18/96** **(818) 560-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)