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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K84262**

1. Corporation Name
DISNEY WORLDWIDE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1375 BUENA VISTA DR
 4TH FL N
 LAKE BUENA VISTA FL 32830

Mailing Address
 500 SOUTH BUENA VISTA ST
 4TH FL N
 BURBANK CA 91521-0856
 US

3. Date Incorporated or Qualified
05/01/1989

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **500 SOUTH BUENA VISTA STREET**
 Suite, Apt. #, etc.

22
 City & State

23
 City & State
BURBANK, CA

24
 Zip Country
 25 29 **91521-0586** 30 **US**

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, **FL** 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

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	PD	<input type="checkbox"/> DELETE
NAME	LITVACK, SANFORD M.	
STREET ADDRESS	500 S. BUENA VISTA ST.	
CITY-ST-ZIP	BURBANK CA 91521-0586	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, DAVID K.	
STREET ADDRESS	500 S. BUENA VISTA ST.	
CITY-ST-ZIP	BURBANK CA 91521-0586	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REED, MARSHA L.	
STREET ADDRESS	500 S. BUENA VISTA ST.	
CITY-ST-ZIP	BURBANK CA 91521-0586	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUNT, JAMES	
STREET ADDRESS	1375 BUENA VISTA DR 4TH FLOOR NORTH	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LITVACK, SANFORD M.	
1.3 STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
1.4 CITY-ST-ZIP	BURBANK, CA 91521	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMPSON, DAVID K.	
2.3 STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
2.4 CITY-ST-ZIP	BURBANK, CA 91521	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REED, MARSHA L.	
3.3 STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
3.4 CITY-ST-ZIP	BURBANK, CA 91521	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BUETTNER, ANNE L.	
5.3 STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
5.4 CITY-ST-ZIP	BURBANK, CA 91521	
6.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HANFORD, JAMES D.	
6.3 STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
6.4 CITY-ST-ZIP	BURBANK, CA 91521	

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 *Marsha L Reed* 4-16-99

(818) 560-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)