

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K84262**

1. Entity Name

DISNEY WORLDWIDE SERVICES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90036 014 ***150.00

Principal Place of Business 1375 BUENA VISTA DR 4TH FL N LAKE BUENA VISTA FL 32830	Mailing Address 500 SOUTH BUENA VISTA ST BURBANK CA 91521-0001 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 500 SOUTH BUENA VISTA STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BURBANK, CA	
Zip	Country	Zip	Country
		91521-0586	US

4. FEI Number 95-4245682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRANK S. IOPPOLO 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LITVACK, SANFORD M 500 SOUTH BUENA VISTA ST BURBANK CA 91521-0586 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, DAVID K. 500 S. BUENA VISTA ST. BURBANK CA 91521-0586 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REED, MARSHA L. 500 S. BUENA VISTA ST. BURBANK CA 91521-0586 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNT, JAMES 1375 BUENA VISTA DR 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BUETTNER, ANNIE L 500 SOUTH BUENA VISTA ST BURBANK CA 91521 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HANFORD, JAMES D 500 SOUTH BUENA VISTA ST BURBANK CA 91521 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARSHA L. REED** *Marsha L. Reed* **REED** *Marsha L. Reed*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/12/00** Daytime Phone #: **(818) 560-1000**

CR2E034 (9/99)