

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 01, 2004
Secretary of State**

DOCUMENT# K84262

Entity Name: DISNEY WORLDWIDE SERVICES, INC.

Current Principal Place of Business:

1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830 US

New Principal Place of Business:

1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830

Current Mailing Address:

500 SOUTH BUENA VISTA STREET
BURBANK, CA 915210856 US

New Mailing Address:

500 SOUTH BUENA VISTA STREET
BURBANK, CA 915210856

FEI Number: 95-4245682 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 DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830

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: VD () Delete
Name: SANTANIELLO, JOSEPH M
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: PD () Delete
Name: THOMPSON, DAVID K
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

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

Title: T () Delete
Name: HUNT, JAMES S
Address: 1375 BUENA VISTA DRIVE
City-St-Zip: LAKE BUENA VISTA, FL 32830

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

Title: AT () Delete
Name: HANFORD, JAMES D
Address: 500 SOUTH BUENA VISTA STREET
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 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 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

03/01/2004

Electronic Signature of Signing Officer or Director

Date