

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 APR 10 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000007022**

1. Entity Name
WALT DISNEY ATTRACTIONS, LLC

Principal Place of Business 1375 BUENA VISTA DRIVE, 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830	Mailing Address 1375 BUENA VISTA DRIVE, 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830-8402
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 500 SOUTH BUENA VISTA STREET
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State BURBANK, CA
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4. FEI Number 59-3608084	Applied For <input type="checkbox"/> Not Applicable
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Zip 91521-0586	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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-04/24/00--01025--023

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*******50.00 *****50.00**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PRESSLER, PAUL S. 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR REED, MARSHA L. 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR POLLITT, BYRON 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HUNT, JAMES S. 1375 BUENA VISTA DRIVE, FOURTH FLOOR NORTH LAKE BUENA VISTA, FL 32830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HANFORD, JAMES D. 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>dec</i>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **MARSHA L. REED** *Marsha L. Reed*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-6-00 (818) 560-1000
Date Daytime Phone #

CR2E083 (9/99)