


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91001 033 ****50.00

| | | |
|-------------------------------------|--------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 1. Entity Name | L99000007022 |  |
| WALT DISNEY PARKS AND RESORTS, LLC | | |

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|-----------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------|---------------|
| 2. Principal Place of Business 1375 BUENA VISTA DRIVE Suite, Apt. #, etc. 4TH FLOOR NORTH | | 3. Mailing Address 500 SOUTH BUENA VISTA STREET Suite, Apt. #, etc. | |
| City & State LAKE BUENA VISTA, FL | | City & State BURBANK, CA | |
| Zip 32830 | Country US | Zip 91521-0586 | Country US |

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| | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3608084 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|------------------------------------------------------------------------------|
| Name SMITH, JEFFREY H. |
| Street Address (P.O. Box Number is Not Acceptable) 1375 BUENA VISTA DRIVE |
| 4TH FLOOR NORTH |
| City LAKE BUENA VISTA |
| State FL |
| Zip Code 32830 |

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. I am familiar with, and accept the obligations of registered agent.

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-------------------|------------------------------|----------------------------|-------|------|----------------|-------------|
| MGR | RASULO, JAMES A. | 500 SOUTH BUENA VISTA STREET | BURBANK, CA 91521 | | | | |
| MGR | REED, MARSHA L. | 500 SOUTH BUENA VISTA STREET | BURBANK, CA 91521 | | | | |
| MGR | HUNT, JAMES S. | 1375 BUENA VISTA DRIVE | LAKE BUENA VISTA, FL 32830 | | | | |
| MGR | HANFORD, JAMES D. | 500 SOUTH BUENA VISTA STREET | BURBANK, CA 91521 | | | | |
| MGR | BUETTNER, ANNE L. | 500 SOUTH BUENA VISTA STREET | BURBANK, CA 91521 | | | | |
| | | | | | | | |

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IN THIS SPACE**

CR2E083B (12/02)

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  03/05/03 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #