FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14122

1. Corporation Name

Buena Vista Home Entertainment, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **4/21/87**

2. Principal Place of Business
21 **350 S. Buena Vista St.**
Suite, Apt. #, etc. 22
City & State 23 **Burbank, CA**
Zip 24 **91521** Country 25 **USA**

2a. Mailing Address
26 **500 S. Buena Vista St.**
Suite, Apt. #, etc. 27
City & State 28 **Burbank, CA**
Zip 29 **91521-0586** Country 30 **USA**

4. FEI Number **95-4090650** ☐ Applied For ☐ Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Ioppolo, Frank S.
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Johnson, Michael O.		1.2 NAME		
STREET ADDRESS	350 S. Buena Vista St.		1.3 STREET ADDRESS		
CITY-ST-ZIP	Burbank, CA 91521		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Reed, Marsha L.		2.2 NAME		
STREET ADDRESS	500 S. Buena Vista St.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Burbank, CA 91521		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Buettner, Anne L.		3.2 NAME		
STREET ADDRESS	500 S. Buena Vista St.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Burbank, CA 91521		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Litvack, Sanford M.		4.2 NAME		
STREET ADDRESS	500 S. Buena Vista St.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Burbank, CA 91521		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Moore, Robert S.		5.2 NAME		
STREET ADDRESS	500 S. Buena Vista St.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Burbank, CA 91521		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Roth, Joe		6.2 NAME		
STREET ADDRESS	500 S. Buena Vista St.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Burbank, CA 91521		6.4 CITY-ST-ZIP		

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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.

SIGNATURE: Marsha L. Reed 4-17-98 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)