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FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90021 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P14122**

1. Corporation Name

BUENA VISTA HOME ENTERTAINMENT, INC.

Principal Place of Business

**350 S BUENA VISTA ST
BURBANK CA 91521**

Mailing Address

**500 S BUENA VISTA ST
BURBANK CA 91521-0586
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1987

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FRANK'S IOPPOLO
1375 BUENA VISTA DR
4TH FL N
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	JOHNSON MICHAEL O	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	SD	☐ DELETE
NAME	REED MARSHA L	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	T	☐ DELETE
NAME	BUETTNER ANNE L	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	D	☐ DELETE
NAME	LITVACK SANFORD M	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	D	☐ DELETE
NAME	MOORE ROBERT S	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	D	☐ DELETE
NAME	ROYH JOE	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA 91521	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	D
6.3 STREET ADDRESS	ROTH, JOE
6.4 CITY-ST-ZIP	500 SOUTH BUENA VISTA STREET BURBANK, CA 91521

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, with all other like empowered.

SIGNATURE:

MARSHA L REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-99

(818) 560-1000

Daytime Phone #

CR2E034 (1/98)