2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # P37433** 1. Entity Name DISNEY CONSUMER PRODUCTS INTERNATIONAL, INC. 4-12-2000 90050 004 ***150.00 Principal Place of Business Mailing Address 500 S BUENA VISTA ST 500 S. BUENA VISTA ST. BURBANK CA 91521 BURBANK CA 91521-0001 2. Principal Place of Business 3. Mailing Address 500 SOUTH BUENA VISTA STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 95-4073590 BURBANK, CA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 91521-0586 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IOPPOLO, FRANK S. Street Address (P.O. Box Number is Not Acceptable) 1375 BUENA VISTA DRIVE, 4TH FLOOR NORTH LAKE BUENA VISTA FL 32380 Zin Code City 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME LITVACK, SANFORD M STREET ADDRESS STREET ADDRESS 500 S. BUENA VISTA ST. CITY-ST-ZIP CITY-ST-ZIP **BURBANK CA 91521** ☐ Addition TITLE CF0 X Delete TITLE ☐ Change NAME VANHAL, LUC NAME STREET ADDRESS STREET ADDRESS 500 S. BUENA VISTA ST. CITY-ST-ZIP CITY-ST-ZIP BURBANK CA 91521 Change ☐ Addition TITLE SD ☐ Delete TITLE NAME REED. MARSHA L NAME STREET ADDRESS STREET ADDRESS 500 S. BUENA VISTA ST. CITY-ST-ZIP CITY-ST-ZIP **BURBANK CA 91521** Delete TITLE ☐ Change Addition BOYD, BARTON K NAME STREET ADDRESS STREET ADDRESS 500 S. BUENA VISTA ST. CITY-ST-ZIP CITY-ST-ZIP **BURBANK CA 91521** ☐ Delete ☐ Change ☐ Addition TITLE NAME BUETTNER, ANNE L NAME STREET ADDRESS STREET ADDRESS 500 S. BUENA VISTA ST. CITY-ST-ZIP CITY-ST-ZIP **BURBANK CA 91521** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHADL SREED TO THE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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