

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90010 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000071529 ✓

1. Corporation Name

WALT DISNEY WORLD CO.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1375 BUENA VISTA DRIVE	26	500 SOUTH BUENA VISTA STREET	08/18/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
4TH FLOOR NORTH		LAKE BUENA VISTA, FL		95-2412883	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
LAKE BUENA VISTA, FL		BURBANK, CA		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
32830 USA		91521-0586 USA		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
IOPPOLO, FRANK S. 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA, FL 32830		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ALLEN R.	1.2 NAME	
STREET ADDRESS	200 CELEBRATION PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CELEBRATION, FL 34747	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDDE, LEE	2.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830	2.4 CITY-ST-ZIP	
TITLE	SVCF <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, FARRIS E.	3.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JUDSON C.	4.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK, CA 91521	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M.	5.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK, CA 91521	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L.	6.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK, CA 91521	6.4 CITY-ST-ZIP	

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** *Marsha L. Reed* 4-26-99 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)