

P98 600023097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

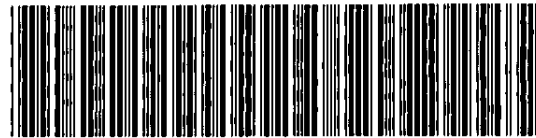
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 APR 24 PM 2:07

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2017 APR 24 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/25/17

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 608468 4813078

AUTHORIZATION :

COST LIMIT : \$35.00



ORDER DATE : April 20, 2017

ORDER TIME : 9:42 PM

ORDER NO. : 608468-070

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: MAGIC KINGDOM PRODUCTIONS,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: _____

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Magic Kingdom Productions, Inc.
2. The principal office address: 1675 Buena Vista Drive, Suite 505, Lake Buena Vista, FL 32830
3. The mailing address (if different): 500 South Buena Vista Street, Burbank, CA 91521
4. Date of incorporation/qualification: 03/11/1998 Document number: P98000023097
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jeffrey S. Craigmile

1375 East Buena Vista Drive, 4th Floor North

Lake Buena Vista

FL 32830

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Margaret C. Giacalone

1375 East Buena Vista Drive, 4th Floor North

P.O. Box NOT acceptable

Lake Buena Vista

FL 32830

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

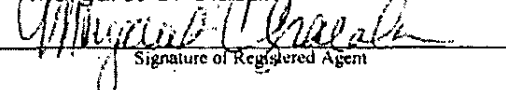

Signature of an officer or director

Marsha L. Reed, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Margaret C. Giacalone


Signature of Registered Agent

4/7/2017

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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2017 APR 24 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FL 32304