


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

FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S80725 (2)**  
 1. Corporation Name  
**CELEBRATION REALTY, INC.**



Principal Place of Business <b>1375 BUENA VISTA DR</b> <b>4 FLR N</b> <b>LK BUENA VISTA FL 32830</b> <b>US</b>	Mailing Address <b>500 SOUTH BUENA VISTA ST</b> <b>BURBANK CA 91521-0001</b> <b>US</b>
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<b>3. Date Incorporated or Qualified</b> <b>09/17/1991</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
<b>4. FEI Number</b> <b>59-3125085</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>2. Principal Place of Business</b> <b>21 700 Celebration Avenue</b> Suite, Apt. #, etc. <b>22</b>	<b>2a. Mailing Address</b> <b>26 500 S. Buena Vista St.</b> Suite, Apt. #, etc. <b>27</b>
<b>23 Celebration, FL</b> City & State Zip Country <b>24 34747 25 USA</b>	<b>28 Burbank, CA</b> City & State Zip Country <b>29 91521-0586 30 USA</b>

<b>8. Name and Address of Current Registered Agent</b> <b>IOPOLO, FRANK S.</b> <b>1375 BUENA VISTA DRIVE</b> <b>4TH FLOOR NORTH</b> <b>LAKE BUENA VISTA FL 32380</b>	<b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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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 signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>S</b> NAME <b>PITT, LAWRENCE B</b> STREET ADDRESS <b>1375 BUENA VISTA DR</b> CITY-ST-ZIP <b>LAKE BUENA VISTA FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>AS</b> 1.2 NAME <b>AS</b> 1.3 STREET ADDRESS <b>32830</b> 1.4 CITY-ST-ZIP <b>32830</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>LITVACK, SANFORD M.</b> STREET ADDRESS <b>500 SOUTH BUENA VISTA ST</b> CITY-ST-ZIP <b>BURBANK CA</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>P</b> 2.2 NAME <b>Robert L. Shinn</b> 2.3 STREET ADDRESS <b>200 Celebration Place</b> 2.4 CITY-ST-ZIP <b>Celebration, FL 34747</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>PD</b> NAME <b>RUMMELL, PETER S.</b> STREET ADDRESS <b>500 SOUTH BUENA VISTA ST</b> CITY-ST-ZIP <b>BURBANK CA</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SD</b> 3.2 NAME <b>REED, MARSHA L.</b> 3.3 STREET ADDRESS <b>500 SOUTH BUENA VISTA ST</b> 3.4 CITY-ST-ZIP <b>BURBANK CA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>ASD</b> NAME <b>REED, MARSHA L.</b> STREET ADDRESS <b>500 SOUTH BUENA VISTA ST</b> CITY-ST-ZIP <b>BURBANK CA</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>T</b> 4.2 NAME <b>HILL, MITCHELL C.</b> 4.3 STREET ADDRESS <b>200 CELEBRATION PLACE</b> 4.4 CITY-ST-ZIP <b>CELEBRATION FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>HILL, MITCHELL C.</b> STREET ADDRESS <b>200 CELEBRATION PLACE</b> CITY-ST-ZIP <b>CELEBRATION FL</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>T</b> 5.2 NAME <b>Matt Kelly</b> 5.3 STREET ADDRESS <b>200 Celebration Place</b> 5.4 CITY-ST-ZIP <b>Celebration, FL 34747</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE <b></b> 6.2 NAME <b></b> 6.3 STREET ADDRESS <b></b> 6.4 CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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**  **4/13/97** (818) 560-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:me Phone #

CR2E034 (9/96)