

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80725

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: CELEBRATION REALTY, INC.

## Current Principal Place of Business:

700 CELEBRATION AVENUE  
CELEBRATION, FL 34747 US

## New Principal Place of Business:

## Current Mailing Address:

500 S BUENA VISTA ST  
BURBANK, CA 915210105 US

## New Mailing Address:

FEI Number: 59-3125085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, JEFFREY H  
1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32380 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KELLY, MATT E  
Address: 851 CELEBRATION AVENUE  
City-St-Zip: CELEBRATION, FL 34747

Title: S ( ) Delete  
Name: BOWERS, JOYCE M  
Address: 1375 BUENA VISTA DRIVE  
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: AS ( ) Delete  
Name: MCGOWAN, JOHN  
Address: 1375 BUENA VISTA DRIVE  
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: D ( ) Delete  
Name: THOMPSON, DAVID K  
Address: 500 S BUENA VISTA ST  
City-St-Zip: BURBANK, CA 91521

Title: ASD ( ) Delete  
Name: REED, MARSHA L  
Address: 500 S BUENA VISTA STREET  
City-St-Zip: BURBANK, CA 91521

Title: T ( ) Delete  
Name: BUETTNER, ANNE L  
Address: 500 S BUENA VISTA STREET  
City-St-Zip: BURBANK, CA 91521

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA L. REED

AS

04/15/2009

Electronic Signature of Signing Officer or Director

Date