

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 APR 27 AM 7:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P25577 (8)

1. Corporation Name

WALT DISNEY ATTRACTIONS, INCORPORATED

Principal Place of Business

**500 S BUENA VISTA ST
P.O. BOX 691177
BURBANK CA 91521
US**

Mailing Address

**500 S. BUENA VISTA ST.
P.O. BOX 691177
BURBANK CA 91521-0940
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1989

3a. Date of Last Report

07/15/1994

4. FEI Number

95-4205145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 500 S. Buena Vista Street

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Burbank, CA

27 City & State

28

24 Zip

91521

25 Country

US

29 Zip

30

Country

9. Name and Address of Current Registered Agent

**FRANK S. IOPPOLO
1375 BUENA VISTA DR 4TH FL N
LAKE BUENA VISTA FL 32830**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
CD	NUNIS, RICHARD A.	1375 BUENA VISTA DR	LAKE BUENA VISTA FL
S	REED, MARSHA L.	500 S. BUENA VISTA ST.	BURBANK CA
T	CARPENTER, FARRIS E.	1375 BUENA VISTA DR	LAKE BUENA VISTA FL
D	SHAPIRO, JOE	500 S. BUENA VISTA ST.	BURBANK CA
D	LITVACK, SANFORD M	500 S. BUENA VISTA ST.	BURBANK CA
P	GREEN, JUDSON C	500 S BUENA VISTA ST	BURBANK CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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

Marsha L. Reed, Secretary

4/19/95

(818) 550-1000