

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001359 (9)

1. Corporation Name

DISNEY INTERNATIONAL EMPLOYMENT SERVICES, INC.

Principal Place of Business

500 SOUTH BUENA VISTA STREET
BURBANK CA 91521

Mailing Address

500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0001
US

3. Date Incorporated or Qualified 03/18/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 95-4311777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 500 S. Buena Vista St.

27 Suite, Apt. #, etc.

28 City & State

Burbank, CA

29 Zip

91521-0586

30 Country

USA

9. Name and Address of Current Registered Agent

IOPPOLO, FRANK S
1375 BUENA VISTA DRIVE, FOUR NORTH
LAKE BUENA VISTA FL 32830

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, BRETT R	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY - ST - ZIP	BURBANK CA 91521	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REED, MARSHA L	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY - ST - ZIP	BURBANK CA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BUETTNER, ANNE L.	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY - ST - ZIP	BURBANK CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, DAVID K	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY - ST - ZIP	BURBANK CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LITVACK, SANFORD M	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY - ST - ZIP	BURBANK CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	91521
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	91521
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	91521
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	91521
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)