

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90213 043 ***150.00

0554275

DOCUMENT # H85662

1. Corporation Name
LAKE BRYAN, INC.

Principal Place of Business
200 CELEBRATION PLACE
CELEBRATION FL 34747
US

Mailing Address
500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0586
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1985

4. FEI Number

59-2672655

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IOPPOLO, FRANK
1375 BUENA VISTA DRIVE
4TH FLOOR 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WONG, KENNETH P
STREET ADDRESS 200 CELEBRATION PLACE
CITY-ST-ZIP CELEBRATION FL 34747

Change Addition

TITLE T
NAME OUMET, MATTHEW A.
STREET ADDRESS 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH
CITY-ST-ZIP LAKE BUENA VISTA FL 32830

Change Addition

TITLE S
NAME IOPPOLO, FRANK S.
STREET ADDRESS 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH
CITY-ST-ZIP LAKE BUENA VISTA FL 32830

Change Addition

TITLE ASD
NAME REED, MARSHA L.
STREET ADDRESS 500 S. BUENA VISTA ST
CITY-ST-ZIP BURBANK CA 91521

Change Addition

TITLE D
NAME LITVACK, SANFORD M.
STREET ADDRESS 500 S BUENA VISTA ST
CITY-ST-ZIP BURBANK CA 91521

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
WONG, KENNETH P.
1401 FLOWER STREET
GLENDALE, CA 91221

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

AT
BUETTNER, ANNE L.
500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521

14. I 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, with all other like empowered.

SIGNATURE:

MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99

Date

(818) 560-1000

Daytime Phone #

CR2E034 (1/98)