

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90014 018 ***150.00

DOCUMENT # V65658

1. Corporation Name

THE LITTLE LAKE BRYAN COMPANY

4/9455 - 90014 - 18

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/92

4. FEI Number

59-3142782

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

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



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 200 CELEBRATION PLACE

26 500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 CELEBRATION, FL

28 BURBANK, CA

24 Zip

Country

25 USA

29 Zip

Country

30 91521-0586

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IOPPOLO, FRANK S.
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	P	<input type="checkbox"/> DELETE
NAME	WONG, KENNETH P.	
STREET ADDRESS	1401 FLOWER STREET	
CITY-ST-ZIP	GLENDAL, CA 91221	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REED, MARSHA L.	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK, CA 91521	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KELLY, MATT	
STREET ADDRESS	200 CELEBRATION PLACE	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LITVACK, SANFORD M.	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK, CA 91521	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PITT, LAWRENCE B.	
STREET ADDRESS	1375 BUENA VISTA DRIVE	
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BUETTNER, ANNE L.	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK, CA 91521	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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

4/21/99

Date

(818) 560-1000

Daytime Phone #

CR2E034 (11/98)