

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002428

1. Entity Name

DISNEY CONSUMER PRODUCTS LATIN AMERICA, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90011 034 ***500.00

Principal Place of Business

500 SOUTH BUENA VISTA STREET
BURBANK CA 91521
US

Mailing Address

500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0001

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

500 South Buena Vista Street

Suite, Apt. #, etc.

City & State

Burbank, CA

Zip

91521-0586

Country

US

4. FEI Number

95-4527299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IOPPOLO, FRANK S
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32830

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **DE KANTER, STEPHEN**
STREET ADDRESS **COLUMBUS CENTER, ONE ALHAMBRA PLAZA PH**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☐ Delete
NAME **REED, MARSHA L**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK CA 91521**

TITLE **T** ☒ Delete
NAME **CONFORTI, THOMAS G**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK CA 91521**

TITLE **AT** ☐ Delete
NAME **BUETTNER, ANNE L**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK CA 91521**

TITLE **D** ☐ Delete
NAME **BOYD, BARTON K**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK CA 91521-0586**

TITLE **D** ☐ Delete
NAME **LITVACK, SANFORD M**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK CA 91521**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **BOYD, BARTON K.**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK, CA 91521**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 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

Date

(818) 560-1000

Daytime Phone #

CR 2-034 (3/99)