## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000002428

FILED Apr 13, 2004 Secretary of State

Entity Name: DISNEY CONSUMER PRODUCTS LATIN AMERICA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521 **Current Mailing Address: New Mailing Address:** 500 SOUTH BUENA VISTA STREET BURBANK, CA 915210586 FEI Number: 95-4527299 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, JEFFREY H 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA, FL 32830 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MOONEY, ANDREW Name: Name: 101 NORTH BRAND BLVD., SUITE 1000 Address: Address: City-St-Zip: GLENDALE, CA 91203 City-St-Zip: Title: Title: SD () Delete () Change () Addition Name: REED, MARSHA L Name: 500 SOUTH BUENA VISTA STREET Address: Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip: Title: Title: ( ) Delete () Change () Addition BUETTNER, ANNE L Name: Name: 500 SOUTH BUENA VISTA STREET Address: Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip: Title: () Delete Title: () Change () Addition THOMPSON, DAVID K Name: Name: Address: 500 SOUTH BUENA VISTA STREET Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip: Title: Title: () Delete () Change () Addition HANFORD, JAMES D Name: Name: 500 SOUTH BUENA VISTA STREET Address: Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA L. REED S 04/13/2004