

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000093776

FILED
Apr 16, 2009
Secretary of State

Entity Name: DISNEY REGIONAL ENTERTAINMENT, INC.

Current Principal Place of Business:

1375 BUENA VISTA DR
LAKE BUENA VISTA, FL 32830

New Principal Place of Business:

500 S BUENA VISTA STREET
BURBANK, CA 91521

Current Mailing Address:

1375 BUENA VISTA DR
LAKE BUENA VISTA, FL 32830

New Mailing Address:

500 S BUENA VISTA STREET
BURBANK, CA 91521

FEI Number: 95-4593136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: RASULO, JAMES S
Address: 500 S BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: D () Delete
Name: REED, MARSHA L
Address: 500 S BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: D () Delete
Name: THOMPSON, DAVID K
Address: 500 S BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: REED, MARSHA L
Address: 500 S BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: DV (X) Change () Addition
Name: THOMPSON, DAVID K
Address: 500 S BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: T () Change (X) Addition
Name: BUETTNER, ANNE L
Address: 500 S BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: P () Change (X) Addition
Name: GOODMAN, DONALD W
Address: 500 S BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/16/2009

Electronic Signature of Signing Officer or Director

Date