## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000071529

Entity Name: WALT DISNEY PARKS AND RESORTS U.S., INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
4TH FLOOI	IA VISTA DRI\ R NORTH NA VISTA, FL		US					
Current Mailing Address:				New Mailing Address:				
	H BUENA VIST CA 91521058		ΞΤ					
FEI Number:	95-2412883	FEI Num	ber Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate	of Status Desired()
Name and	Address of C	urrent Re	egistered Agent:		Name and	Address o	of New Regist	tered Agent:
4TH FLOOI LAKE BUEI	IA VISTA DRI\ R NORTH NA VISTA, FL named entity s	32830 U		ourpose o	f changing it	s registere	d office or reg	istered agent, or both,
SIGNATUR	!E:							
		ic Signatu	re of Registered Age	ent			Da	ate
Election Cam	paign Financing	Trust Fun	d Contribution ( ).					
OFFICERS	AND DIRECT	TORS:			ADDITION	S/CHANG	ES TO OFFIC	ERS AND DIRECTORS:
Name: Address: City-St-Zip: Title:	REED, MARSHA 500 SOUTH BUE BURBANK, CA  VP () LARSEN, TREVE 1375 BUENA VII LAKE BUENA VII VS () SCHMUDDE, LE 1375 BUENA VII LAKE BUENA VII D ()	ENA VISTA 91521  Delete OR J STA DRIVE ISTA, FL 32  Delete EE STA DRIVE ISTA, FL 32  Delete STA DRIVE ISTA, FL 32  Delete STA DRIVE ISTA, FL 32  Delete	2830 2830		Name: Address: City-St-Zip: Title:	BURBANK, P CROFTON, 1375 BUEN LAKE BUEN CFO CONNELLY 1375 BUEN LAKE BUEN D BRAVERMA	H BUENA VISTA S CA 91521  (X) Change ( ) MEG IA VISTA DRIVE NA VISTA, FL 328  (X) Change ( ) Y, ANTHONY J IA VISTA DRIVE NA VISTA, FL 328  (X) Change ( ) NA, ALAN N NA VISTA STREE	Addition  Addition  Addition  Addition  Addition  T
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	RASULO, JAMÉ 500 SOUTH BUI BURBANK, CA	S A ENA VISTA 91521 Delete AVID K ENA VISTA			Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:		() Change ().	

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 04/17/2009