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R.A. Charge

C.COULLIETTE

FEB 0 1 2011

EXAMINER



PORATION SERVICE COMPAKY

ACCOUNT NO. : I2000000195

REFERENCE : 658447

AUTHORIZATION

COST LIMIT

ORDER DATE: January 28, 2011

ORDER TIME : 9:35 AM

ORDER NO. : 658447-175

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: DISNEY PUBLISHING WORLDWIDE,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	nange is submitted for a corporation of	7.0302, 607.1308, or 617.1308, Florida Statutes, organized under the laws of the State of <u>Californ</u> registered agent, or both, in the State of Florida.		_
1. The name of	f the corporation: Disney Publishin	ng Worldwide, Inc.		
2. The principa	al office address: 500 S. Buena Vis	ta Street, Burbank, CA 91521		
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 01/21/2000	Document number: <u>F00000000376</u>	 	
	nd street address of the current registe artment of State:	ered agent and registered office on file with the		
	Jeffrey H. Smith			
	1375 Buena Vista Drive, 4th F	loor North		
	Lake Buena Vista, FL 32830		<u>-</u>	¥.o
6. The name an (if changed):		d agent (if changed) and /or registered office	I FEB -1 PM	SION OF
	Jeffrey S. Craigmile		79	370
	1375 Buena Vista Drive, 4th F	loor North		200
	(P.O. Box NOT acco	eptable)	1:25	
	Lake Buena Vista, FL 32830			10
The street addras changed wil	ress of its registered office and the s	street address of the business office of its registe	red agen	ıt,
Such change wanthorized by	vas authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an officer sen notified in writing of the change.	so	
m	MAS 3	Marsha L. Reed, Secretary		
I hereby accep I further agree of my duties, a document is be corporation ha	ture of an officer of director) If the appointment as registered age If to comply with the provisions of all If am familiar with and accept the If the province is a change If the provin	(Printed or typed name and title) Int and agree to act in this capacity. It statutes relative to the proper and complete pe e obligation of my position as registered agent, in the registered office address, I hereby confir ange.	erforman Or, if th m that th	ce iis ie
Jeffrey S By:	. Craigmile	1/2//11		
100	in Ature of Registered Agent)	(Date)		,
If signing on b	ehalf of an entity:			
	(Typed or Printed Name)			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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