

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 291724

Entity Name: COMPASS ROSE CORPORATION**Current Principal Place of Business:**1375 BUENA VISTA DR.
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830**Current Mailing Address:**500 S BUENA VISTA ST
BURBANK, CA 91521-0105 US**FEI Number:** 95-2409242**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAIGMILE, JEFFREY S
1375 BUENA VISTA DR
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**Officer/Director Detail :**Title SV
Name VAHLE, JEFF
Address 3401 EAST VISTA BLVD.
City-State-Zip: LAKE BUENA VISTA FL 32830Title S
Name CRAIGMILE, JEFFREY S
Address 1375 BUENA VISTA DR
City-State-Zip: LAKE BUENA VISTA FL 32830Title D
Name MCGINNIS, MATTHEW L
Address 500 S BUENA VISTA ST
City-State-Zip: BURBANK CA 91521Title VP
Name VENDUR, ALLEN J
Address 5300 CENTER DRIVE
City-State-Zip: BAY LAKE FL 32830Title VP, ASST. SECRETARY
Name SCHMUDDE, LEE
Address 1375 BUENA VISTA DR.
4TH FLOOR NORTH
City-State-Zip: LAKE BUENA VISTA FL 32830Title ASD
Name REED, MARSHA L
Address 500 S BUENA VISTA ST
City-State-Zip: BURBANK CA 91521Title ASST. TREASURER
Name SALAMA, MICHAEL
Address 500 S BUENA VISTA ST
City-State-Zip: BURBANK CA 91521-0105

I hereby 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 all other like empowered.

SIGNATURE: MARSHA REED**ASSISTANT SECRETARY** 04/01/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date