

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K84262

**FILED  
May 01, 2017  
Secretary of State  
CC9156695705**

**Entity Name:** DISNEY WORLDWIDE SERVICES, INC.

**Current Principal Place of Business:**

1375 EAST BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830

**Current Mailing Address:**

500 SOUTH BUENA VISTA STREET  
BURBANK, CA 91521 US

**FEI Number: 95-4245682**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GIACALONE, MARGARET C  
1375 EAST 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

**Officer/Director Detail :**

Title ASST TREASURER  
Name SOLOMON, AARON H  
Address 1170 CELEBRATION BOULEVARD  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR  
Name KAPENSTEIN, JAMES M  
Address 500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title PRESIDENT, DIRECTOR  
Name SMITH, JEFFREY H  
Address 500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title TREASURER  
Name HEADLEY, JONATHAN S  
Address 500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title ASST SECRETARY  
Name SCHMUDDE, LEE  
Address 1375 E BUENA VISTA DRIVE  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title ASST SECRETARY  
Name GIACALONE, MARGARET C  
Address 1375 E BUENA VISTA DRIVE  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title SECRETARY, DIRECTOR  
Name REED, MARSHA L  
Address 500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

*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 L REED**

**SECRETARY, DIRECTOR 05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date