

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030039

Entity Name: KEYSTONE PAYING AGENT, INC.**Current Principal Place of Business:**1180 CELEBRATION BOULEVARD
SUITE 201
CELEBRATION, FL 34747**Current Mailing Address:**500 S BUENA VISTA ST
BURBANK, CA 91521-0105**FEI Number:** 04-3655668**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIACALONE, MARGARET C
1375 EAST 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	ASST. SECRETARY
Name	WILLIAMS, CARMELLA
Address	1180 CELEBRATION BOULEVARD
City-State-Zip:	CELEBRATION FL 34747

Title	DIRECTOR, PRESIDENT
Name	HANSEN, GARY D
Address	1180 CELEBRATION BOULEVARD
City-State-Zip:	CELEBRATION FL 34747

Title	ASST. TREASURER
Name	BELZER, GREGORY
Address	500 S BUENA VISTA ST
City-State-Zip:	BURBANK CA 91521-0105

Title	TREASURER
Name	HEADLEY, JONATHAN S
Address	500 S BUENA VISTA ST
City-State-Zip:	BURBANK CA 91521-0105

Title	DIRECTOR, SECRETARY
Name	GAVAZZI, CHAKIRA H
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: CHAKIRA H GAVAZZI**SECRETARY****05/05/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date