# Electronic Signature of Signing Officer/Director Detail

| Current Principal Place of Busine | ess: |
|-----------------------------------|------|
|                                   |      |

Entity Name: W.D. ATTRACTIONS, INC.

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

DOCUMENT# P99000091819

# **Current Mailing Address:**

500 SOUTH BUENA VISTA STREET BURBANK, CA 91521-0105 US

# FEI Number: 59-3681595

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

GIACALONE, MARGARET C 1375 EAST BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA, FL 32830 US

# FILED May 01, 2017 Secretary of State CC2294635276

Date

Certificate of Status Desired: No

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

## Officer/Director Detail :

| Title           | VP, SECRETARY, DIRECTOR      | Title           | DIRECTOR                            |
|-----------------|------------------------------|-----------------|-------------------------------------|
| Name            | REED, MARSHA L               | Name            | MCGINNIS, MATTHEW L                 |
| Address         | 500 SOUTH BUENA VISTA STREET | Address         | 500 SOUTH BUENA VISTA STREET        |
| City-State-Zip: | BURBANK CA 91521             | City-State-Zip: | BURBANK CA 91521                    |
|                 |                              |                 |                                     |
| Title           |                              |                 |                                     |
| rille           | DIRECTOR                     | Title           | ASST. TREASURER                     |
| Name            | DIRECTOR<br>SMITH, JEFFREY H | Title<br>Name   | ASST. TREASURER<br>SOLOMON, AARON H |
|                 |                              |                 |                                     |
| Name            | SMITH, JEFFREY H             | Name            | SOLOMON, AARON H                    |

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 VP