## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005887

Entity Name: IF PRODUCTIONS, LLC

**Current Principal Place of Business:** 

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

## **Current Mailing Address:**

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

FEI Number: 59-3599976 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GIACALONE, MARGARET C 1375 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

**FILED** May 01, 2017

**Secretary of State** 

CC6632849956

## Authorized Person(s) Detail:

MANAGER Title Title **MANAGER** 

PRIEST, HENRY C REED, MARSHA L Name Name

1170 CELEBRATION BLVD 500 S BUENA VISTA ST Address Address City-State-Zip: BURBANK CA 91521 City-State-Zip: CELEBRATION FL 34747

Title Title SOLE MEMBER **MANAGER** 

Name WALT DISNEY PARKS AND RESORTS Name SOLOMON, AARON H

U.S., INC.

1170 CELEBRATION BLVD Address Address 1375 BUENA VISTA DRIVE City-State-Zip: CELEBRATION FL 34747

4TH FLOOR NORTH

City-State-Zip: LAKE BUENA VISTA FL 32830

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

05/01/2017 SIGNATURE: MARSHA L REED **MANAGER**