

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000007022

**Entity Name:** DISNEY DESTINATIONS, LLC

**Current Principal Place of Business:**

1375 BUENA VISTA DRIVE  
LAKE BUENA VISTA, FL 32830

**Current Mailing Address:**

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

**FEI Number:** 59-3608084

**Certificate of Status Desired:** No

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

CRAIGMILE, JEFFREY S  
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

**Authorized Person(s) Detail :**

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

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

Title MGR, ASST. TREASURER  
Name PRIEST, HENRY C  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

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

Title MGR, TREASURER  
Name STOWELL, JOHN A  
Address 500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title MGR, ASST. SECRETARY  
Name GIACALONE, MARGARET C  
Address 1375 BUENA VISTA DRIVE  
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.*

**SIGNATURE:** MARSHA L REED

**MANAGER**

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date