

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000000888

**Entity Name:** DISNEY BUSINESS PRODUCTIONS, LLC**Current Principal Place of Business:**1375 BUENA VISTA DR.  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830**Current Mailing Address:**500 S. BUENA VISTA STREET  
BURBANK, CA 91521 US**FEI Number:** 59-3635177**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 ASST. SECRETARY  
Name SOLOMON, AARON H  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title TREASURER  
Name GOMEZ, CARLOS A  
Address 500 S. BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title SECRETARY  
Name GAVAZZI, CHAKIRA H  
Address 500 S. BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title ASST. SECRETARY  
Name SALAMA, MICHAEL  
Address 500 S. BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title ASST. SECRETARY  
Name STEED, SHANNA L  
Address 640 PAULA AVE  
City-State-Zip: GLENDALE CA 91201

Title AUTHORIZED MEMBER  
Name THE CELEBRATION COMPANY  
Address 700 CELEBRATION AVENUE  
City-State-Zip: CELEBRATION FL 31747

Title ASST. TREASURER  
Name GROSSMAN, DANIEL F  
Address 500 S. BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title ASST. SECRETARY  
Name YOUNG, LEE R  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

**Continues on page 2**

*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:** CHAKIRA H. GAVAZZI**SECRETARY****04/10/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name GORNER, TIMO  
Address 215 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title VP  
Name VAZQUEZ, RAMIRO  
Address 1375 BUENA VISTA DR.  
4TH FLOOR NORTH  
City-State-Zip: LAKE BUENA VISTA FL 32830