# 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0700002366

Entity Name: DCXLONE DEVELOPMENT, LLC

## **Current Principal Place of Business:**

210 CELEBRATION PLACE SUITE 400 CELEBRATION, FL 34747

# **Current Mailing Address:**

500 S BUENA VISTA STREET BURBANK, CA 91521 US

# FEI Number: 20-8860025

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Apr 10, 2024 Secretary of State 4270205143CC

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

#### Authorized Person(s) Detail :

| Authorized Person(s) Detail : |                 |  |                            |                                    |  |  |
|-------------------------------|-----------------|--|----------------------------|------------------------------------|--|--|
|                               | Title           | AUTHORIZED MEMBER                                  | Title                      | PRESIDENT                          |  |  |
|                               | Name            | ABC, INC.  | Name                       | MAZLOUM, THOMAS                    |  |  |
|                               | Address         | 77 WEST 66TH STREET,<br>NEW YORK NY 10023          | Address                    | 210 CELEBRATION PLACE<br>SUITE 400 |  |  |
|                               | City-State-Zip: |  | City-State-Zip:            | CELEBRATION FL 34747               |  |  |
|                               | Title           | SECRETARY  | Title                      | ASST. SECRETARY                    |  |  |
|                               | Name            | GAVAZZI, CHAKIRA H                                 | Name                       | SOLOMON, AARON H                   |  |  |
|                               | Address         | 500 S BUENA VISTA STREET                           | Address<br>City-State-Zip: | 1170 CELEBRATION BLVD.             |  |  |
|                               | City-State-Zip: | BURBANK CA 91521                                   |                            | CELEBRATION FL 34747               |  |  |
|                               | Title           | TREASURER  | Title                      | ASST. TREASURER                    |  |  |
|                               | Name            | GOMEZ, CARLOS A                                    | Name                       | GROSSMAN, DANIEL F                 |  |  |
|                               | Address         | 500 S BUENA VISTA STREET                           | Address                    | 500 S BUENA VISTA STREET           |  |  |
|                               | City-State-Zip: | BURBANK CA 91521                                   | City-State-Zip:            | BURBANK CA 91521                   |  |  |
|                               | Title           | VP   | Title                      | VP                                 |  |  |
|                               | Name            | ONTKO, DAVID A                                     | Name                       | STOCKTON, JAMES A                  |  |  |
|                               | Address         | 700 WEST BALL RD.AddressANAHEIM CA 92802City-State | Address                    | 1375 EAST BUENA VISTA DRIVE        |  |  |
|                               | City-State-Zip: |  | City-State-Zip:            | LAKE BUENA VISTA FL 32830          |  |  |
|                               |                 |  |                            |                                    |  |  |

#### 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

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

# Authorized Person(s) Detail Continued :

| Title           | VP                                 | Title           | ASST. SECRETARY                    |
|-----------------|------------------------------------|-----------------|------------------------------------|
| Name            | STOWELL, JOHN A                    | Name            | YOUNG, LEE R                       |
| Address         | 500 S BUENA VISTA STREET           | Address         | 1170 CELEBRATION BLVD              |
| City-State-Zip: | BURBANK CA 91521                   | City-State-Zip: | CELEBRATION FL 34747               |
|                 |                                    |                 |                                    |
|                 |                                    |                 |                                    |
| Title           | ASST. SECRETARY                    | Title           | ASST. SECRETARY                    |
| Title<br>Name   | ASST. SECRETARY<br>SALAMA, MICHAEL | Title<br>Name   | ASST. SECRETARY<br>STEED, SHANNA L |
|                 |                                    |                 |                                    |
| Name            | SALAMA, MICHAEL                    | Name            | STEED, SHANNA L                    |