

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000003098

Entity Name: DISNEY FINANCIAL SERVICES, LLC**Current Principal Place of Business:**500 S BUENA VISTA STREET
BURBANK, CA 91521**Current Mailing Address:**500 S BUENA VISTA STREET
BURBANK, CA 91521 US**FEI Number:** 47-2350992**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:** JEFFREY S CRAIGMILE

04/23/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP
Name SCHMITT, ANN L
Address 500 S BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title VP
Name HAMILTON, ANNE
Address 200 CELEBRATION PLACE
City-State-Zip: CELEBRATION FL 34747

Title EXECUTIVE VICE PRESIDENT
Name WOODFORD, BRENT
Address 500 S BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title AUTHORIZED MEMBER
Name DISNEY WORLDWIDE SERVICES, INC.
Address 500 S BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

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

Title TREASURER
Name HEADLEY, JONATHAN S
Address 500 S BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

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

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

SECRETARY

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date