

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004136

Entity Name: INTERACTIVE STUDIOS GROUP, INC.

Current Principal Place of Business:

500 S. BUENA VISTA ST.
BURBANK, CA 91521

Current Mailing Address:

500 S. BUENA VISTA ST.
BURBANK, CA 91521

FEI Number: 26-0518150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIACALONE, MARGARET C
1375 BUENA VISTA DR.
4TH FLOOR
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

Officer/Director Detail :

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

Title VP
Name DALVA, ALAIN R
Address 1200 GRAND CENTRAL AVENUE
City-State-Zip: GLENDALE CA 91201

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

Title VP
Name STOWELL, JOHN A
Address 611 NORTH BRAND BLVD
City-State-Zip: GLENDALE CA 91203

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

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

Title ASST. SECRETARY
Name STEED, SHANNA L
Address 500 S. BUENA VISTA ST.
City-State-Zip: BURBANK CA 91521

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

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAKIRA H GAVAZZI

SECRETARY

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name YOUNG, STEPHANIE W
Address 1101 FLOWER STREET
City-State-Zip: GLENDALE CA 91201

Title DIRECTOR
Name WILSON, TRACY L
Address 1101 FLOWER STREET
City-State-Zip: GLENDALE CA 91201

Title DIRECTOR
Name HORN, MICHAEL A
Address 500 S. BUENA VISTA ST.
City-State-Zip: BURBANK CA 91521