

**2018 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F09000001204

**Entity Name:** DISNEY PARKS, EXPERIENCES AND CONSUMER PRODUCTS, INC.**FILED**  
**May 02, 2018**  
**Secretary of State**  
**CC4409360733****Current Principal Place of Business:**500 SOUTH BUENA VISTA STREET  
BURBANK, CA 91521**Current Mailing Address:**500 SOUTH BUENA VISTA STREET  
BURBANK, CA 91521**FEI Number: 26-3381284****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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	SMITH, JEFFREY H
Address	500 SOUTH BUENA VISTA STREET
City-State-Zip:	BURBANK CA 91521

Title	PRESIDENT
Name	VAHLE, JEFFREY N
Address	3401 EAST VISTA BLVD
City-State-Zip:	LAKE BUENA VISTA FL 32830

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

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

Title	DIRECTOR
Name	CHAPEK, ROBERT A
Address	500 SOUTH 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 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: MARSHA L REED****SECRETARY****05/02/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date