

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004763

**Entity Name:** DISNEY GIFT CARD SERVICES, INC.**Current Principal Place of Business:**1675 BUENA VISTA DR  
LAKE BUENA VISTA, FL 32830**Current Mailing Address:**500 S. BUENA VISTA ST  
BURBANK, CA 91521**FEI Number:** 20-1355576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAIGMILE, JEFFREY S  
1375 BUENA VISTA DR  
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 TREASURER  
Name SOLOMON, AARON H  
Address 1170 CELEBRATION BOULEVARD  
City-State-Zip: CELEBRATION FL 34747

Title ASST TREASURER  
Name PRIEST, HENRY C  
Address 1170 CELEBRATION BOULEVARD  
City-State-Zip: CELEBRATION FL 34747

Title VICE PRESIDENT  
Name CRAIGMILE, JEFFREY S  
Address 1375 EAST BUENA VISTA DRIVE  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title VICE PRESIDENT  
Name GIACALONE, MARGARET C  
Address 1375 EAST BUENA VISTA DRIVE  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title VICE PRESIDENT  
Name CASTRO, CARLOS D  
Address 1675 BUENA VISTA DR  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title PRESIDENT, DIRECTOR  
Name KAPENSTEIN, JAMES M  
Address 500 S. BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

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

Title SECRETARY, DIRECTOR  
Name REED, MARSHA L  
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: MARSHA L REED****SECRETARY****04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                MCGINNIS, MATTHEW L  
Address             500 S. BUENA VISTA ST  
City-State-Zip:    BURBANK CA 91521

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

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