

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003378

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC6604012505**

**Entity Name:** DISNEY GLOBAL PRODUCT DEVELOPMENT AND CREATIVE, 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: 46-0478766**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 ASST. TREASURER  
Name BELZER, GREGORY  
Address 500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

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

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

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

Title DIRECTOR, PRESIDENT  
Name MCGINNIS, MATTHEW 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

Title ASST. SECRETARY  
Name STEED, SHANNA L  
Address 500 S BUENA VISTA ST  
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**

**04/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date