

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001827

Entity Name: WALT DISNEY PICTURES, INC.**Current Principal Place of Business:**500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521**Current Mailing Address:**500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521-0105 US**FEI Number:** 95-3834209**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 HORN, ALAN F
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

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

Title PRESIDENT, DIRECTOR
Name BERGMAN, ALAN H
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521-0105

Title DIRECTOR
Name BARDWIL, STEVEN C
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

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

Title CONTROLLER
Name TAFF, CATHLEEN M
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title TREASURER
Name HEADLEY, JONATHAN S
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, DIRECTOR 05/01/2017

Electronic Signature of Signing Officer/Director Detail_____
Date