

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000002428

**Entity Name:** DISNEY CONSUMER PRODUCTS LATIN AMERICA, 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**FEI Number: 95-4527299****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           TREASURER  
Name           GOMEZ, CARLOS A  
Address       500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521-0105

Title           PRESIDENT  
Name           FILIPPATOS, TASIA  
Address       3 QUEEN CAROLINE ST  
City-State-Zip: LONDON W6 9PE

Title           ASST. TREASURER  
Name           GROSSMAN, DANIEL F  
Address       500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title           VP  
Name           STOWELL, JOHN A  
Address       500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521-0105

Title           DIRECTOR, SECRETARY  
Name           GAVAZZI, CHAKIRA H  
Address       500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521-0105

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

Title           VP  
Name           BARBOSA, FERNANDO F  
Address       500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title           ASST. SECRETARY  
Name           YOUNG, LEE R  
Address       1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

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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****04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                HORN, MICHAEL A  
Address             500 SOUTH BUENA VISTA STREET  
City-State-Zip:    BURBANK CA 91521

Title                 ASST. SECRETARY  
Name                STEED, SHANNA L  
Address             640 PAULA AVE  
City-State-Zip:    GLENDALE CA 91201

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

Title                 DIRECTOR  
Name                WILSON, J NATHAN  
Address             1375 EAST BUENA VISTA  
                          4TH FL  
City-State-Zip:    LAKE BUENA VISTA FL 32830