FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 810455 (6)

1. Corporation Name
BUENA VISTA PICTURES DISTRIBUTION, INC.

Principal Place of Business	Mailing Address
350 S BUENA VISTA ST BURBANK CA 91521 US	500 S. BUENA VISTA ST. BURBANK CA 91521-0340 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/18/1955
3a. Date of Last Report: 07/15/1994

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: 95-1776182 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANK S. IOPPOLO
1375 BUENA VISTA DR
4TH FL NORTH
LAKE BUENA VISTA FL 32830

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	COOK, RICHARD, W	1.2 NAME	
STREET ADDRESS	3900 W ALAMEDA AVE #2400	1.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	1.4 CITY-ST-ZIP	
TITLE	XX	2.1 TITLE	AST ☒ Change ☐ Addition
NAME	XXXXXXXXXXXX	2.2 NAME	HUGHES, DAVID A.
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXX	2.3 STREET ADDRESS	500 S. BUENA VISTA ST.
CITY-ST-ZIP	XXXXXXXXXX	2.4 CITY-ST-ZIP	BURBANK, CA 91521
TITLE	VSD	3.1 TITLE	☐ Change ☐ Addition
NAME	CUNNINGHAM, ROBERT D.	3.2 NAME	
STREET ADDRESS	3900 W ALAMEDA AVE #2400	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BOYD, BARTON K.	4.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Cunningham 4/24/95 (818) 567-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert D. Cunningham

0393116 CP