

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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 91521-0940  
US

3. Date Incorporated or Qualified

07/18/1955

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 500 SOUTH BUENA VISTA STREET

4. FEI Number

95-1776182

Applied For

Not Applicable

23 City & State

27 City & State  
BURBANK, CA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip

Country

29 91521-0586

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.1503, 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

Signature (typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when amending)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME COOK, RICHARD, W  
STREET ADDRESS 3900 W ALAMEDA AVE #2400  
CITY-ST-ZIP BURBANK CA

☐ DELETE

TITLE AST  
NAME HUGHES, DAVID A  
STREET ADDRESS 500 S BUENA VISTA ST  
CITY-ST-ZIP BURBANK CA

☒ DELETE

TITLE VSD  
NAME CUNNINGHAM, ROBERT D.  
STREET ADDRESS 3900 W ALAMEDA AVE #2400  
CITY-ST-ZIP BURBANK CA

☐ DELETE

TITLE D  
NAME BOYD, BARTON K.  
STREET ADDRESS 500 S. BUENA VISTA ST.  
CITY-ST-ZIP BURBANK CA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

VT

22 NAME

MORRISON, DEBORAH M.

23 STREET ADDRESS

500 S BUENA VISTA ST

24 CITY-ST-ZIP

BURBANK, CA 91521

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

818-560-1000

Date

Daytime Phone #

CR2E034 (12/95)