

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 820111

(3)

1. Corporation Name

WALT DISNEY WORLD CO.

Principal Place of Business

1375 BUENA VISTA DR
4 FLR N
LAKE BUENA VISTA FL 32830
US

Mailing Address

500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0001
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt. #, etc.		26 500 S. Buena Vista St.		12/09/1966	06/25/1996
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Zip		28 Burbank, CA		95-2412883	Not Applicable
24 Country		29 91521-0586		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30 USA		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

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO	1.1 TITLE	SVPT
NAME	CARPENTER, FARRIS E.	1.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE BUENA VISTA FL	1.4 CITY- ST- ZIP	32830
TITLE	VS	2.1 TITLE	
NAME	SCHMUDDE, LEE	2.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE BUENA VISTA FL	2.4 CITY- ST- ZIP	32830
TITLE	PD	3.1 TITLE	
NAME	GREEN, JUDSON C.	3.2 NAME	Green, Judson C.
STREET ADDRESS	500 S BUENA VISTA ST	3.3 STREET ADDRESS	500 S. Buena Vista St.
CITY- ST- ZIP	BURBANK CA	3.4 CITY- ST- ZIP	Burbank, CA 91521
TITLE	CD	4.1 TITLE	P
NAME	WELLS, FRANK G.	4.2 NAME	Allen R. Weiss
STREET ADDRESS	500 S BUENA VISTA ST	4.3 STREET ADDRESS	1375 Buena Vista Dr.
CITY- ST- ZIP	BURBANK CA	4.4 CITY- ST- ZIP	Lake Buena Vista, FL 32830
TITLE	D	5.1 TITLE	
NAME	LITVACK SANFORD M.	5.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	5.3 STREET ADDRESS	
CITY- ST- ZIP	BURBANK CA	5.4 CITY- ST- ZIP	91521
TITLE	AS	6.1 TITLE	
NAME	REED, MARSHA L.	6.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	6.3 STREET ADDRESS	
CITY- ST- ZIP	BURBANK CA	6.4 CITY- ST- ZIP	91521

14. I do hereby certify that the information supplied with this filing 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:

Marsha L. Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97

(818) 560-1000

Daytime Phone #

0609008

CR2E034 (9/96)