

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90027 007 ***150.00

DOCUMENT # 821480

1. Entity Name

WALT DISNEY TRAVEL CO., INC.

Principal Place of Business

Mailing Address

1441 S. WEST ST.
 ANAHEIM CA 92802
 US

500 S BUENA VISTA ST
 BURBANK CA 91521-0001
 US

2. Principal Place of Business

3. Mailing Address

190 CENTER STREET PROMENADE

500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ANAHEIM, CA

City & State

BURBANK, CA

4. FEI Number

95-2553603

Applied For

Not Applicable

Zip

92805

Country

US

Zip

91521-0586

Country

US

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L.	NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUETTNER, ANNE L	NAME	
STREET ADDRESS	500 S BUENA VISTA ST	STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JUDSON C	NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARFIELD, RANDY	NAME	
STREET ADDRESS	3020 MAINGATE LN, ST 2802	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34747	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANFORD, JAMES D	NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4600

(818) 560-1000

Date

Daytime Phone #

CR2E034 (9/99)