

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

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 821481 (9)**

1. Corporation Name  
**DISNEY'S WIDE WORLD OF SPORTS, INC.**



Principal Place of Business <b>1375 BUENA VISTA DR                  4 FLR N                  LAKE BUENA VISTA FL 32830                  US</b>	Mailing Address <b>500 SOUTH BUENA VISTA ST.                  BURBANK CA 91521-0586                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>05/28/1968</b>	
4. FEI Number <b>95-2554298</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRANK S. IOPPOLO  
 1375 BUENA VISTA DRIVE  
 4TH FLOOR 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	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>EVD</b>	1.1 TITLE	<b>Director</b>
NAME	<b>GREEN, JUDSON C.</b>	1.2 NAME	
STREET ADDRESS	<b>500 S BUENA VISTA STR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	1.4 CITY-ST-ZIP	<b>91521</b>
TITLE	<b>ASD</b>	2.1 TITLE	
NAME	<b>REED, MARSHA L.</b>	2.2 NAME	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	2.4 CITY-ST-ZIP	<b>91521</b>
TITLE	<b>S</b>	3.1 TITLE	
NAME	<b>IOPPOLO, FRANK S</b>	3.2 NAME	
STREET ADDRESS	<b>1375 BUENA VISTA DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>	3.4 CITY-ST-ZIP	<b>32830</b>
TITLE	<b>VT</b>	4.1 TITLE	
NAME	<b>CARPENTER, FARRIS E.</b>	4.2 NAME	
STREET ADDRESS	<b>1375 BUENA VISTA DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>	4.4 CITY-ST-ZIP	<b>32830</b>
TITLE	<b>PD</b>	5.1 TITLE	<b>Director</b>
NAME	<b>LITVACK, SANFORD M</b>	5.2 NAME	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	5.4 CITY-ST-ZIP	<b>91521</b>
TITLE	<b>AT</b>	6.1 TITLE	<b>President</b>
NAME	<b>BUETTNER, ANNE L</b>	6.2 NAME	<b>Weiss, Allen R.</b>
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	6.3 STREET ADDRESS	<b>1375 Buena Vista Drive</b>
CITY-ST-ZIP	<b>BURBANK CA</b>	6.4 CITY-ST-ZIP	<b>Lake Buena Vista, FL 32830</b>

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TITLE	<b>ASD</b>	2.1 TITLE	
NAME	<b>REED, MARSHA L.</b>	2.2 NAME	
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CITY-ST-ZIP	<b>BURBANK CA</b>	6.4 CITY-ST-ZIP	<b>Lake Buena Vista, FL 32830</b>

14. 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 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* **4-2-98** (918) 560-1000

CR2E034 (10/97)