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**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90213 042 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 821481**

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

Principal Place of Business  
 1375 BUENA VISTA DR  
 4 FLR N  
 LAKE BUENA VISTA FL 32830  
 US

Mailing Address  
 500 SOUTH BUENA VISTA ST.  
 BURBANK CA 91521-0586  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/28/1968

4. FEI Number

95-2554298

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation owes the current year Intangible Personal Property Tax.

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANK S. IOPPOLO**  
 1375 BUENA VISTA DRIVE  
 4TH FLOOR 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 607.1508, 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 **D**  DELETE  
 NAME **GREEN, JUDSON C.**  
 STREET ADDRESS **500 S BUENA VISTA STR.**  
 CITY-ST-ZIP **BURBANK CA 91521**

1.1 TITLE **EVD**  Change  Addition  
 1.2 NAME **GREEN, JUDSON C.**  
 1.3 STREET ADDRESS **500 SOUTH BUENA VISTA STREET**  
 1.4 CITY-ST-ZIP **BURBANK, CA 91521**

TITLE **ASD**  DELETE  
 NAME **REED, MARSHA L.**  
 STREET ADDRESS **500 S BUENA VISTA ST**  
 CITY-ST-ZIP **BURBANK CA 91521**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **S**  DELETE  
 NAME **IOPPOLO, FRANK S**  
 STREET ADDRESS **1375 BUENA VISTA DRIVE**  
 CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **VT**  DELETE  
 NAME **CARPENTER, FARRIS E.**  
 STREET ADDRESS **1375 BUENA VISTA DRIVE**  
 CITY-ST-ZIP **LAKE BUENA VISTA FL**

4.1 TITLE **VT**  Change  Addition  
 4.2 NAME **CARPENTER, FARRIS E.**  
 4.3 STREET ADDRESS **1375 BUENA VISTA DRIVE**  
 4.4 CITY-ST-ZIP **LAKE BUENA VISTA, FL 32830**

TITLE **D**  DELETE  
 NAME **LITVACK, SANFORD M**  
 STREET ADDRESS **500 S BUENA VISTA ST**  
 CITY-ST-ZIP **BURBANK CA 91521**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **P**  DELETE  
 NAME **WEISS, ALLEN R**  
 STREET ADDRESS **1375 BUENA VISTA DR**  
 CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**MARSHA L REED** *Marsha L Reed* 4-16-99

(818) 560-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)