FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003521 (2)**

1. Corporation Name
MAGIC KINGDOM, INC.

Principal Place of Business	Mailing Address
1313 HARBOR BOULEVARD ANAHEIM CA 92803	500 S. BUENA VISTA ST. BURBANK CA 91521-0340 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/03/1993	08/12/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21	26 500 South Buena Vista Street	95-2505481	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28 Burbank, CA		
Zip / Country	Zip / Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 91521-0340 / 30 U.S.		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IOPPOLO, FRANK S 1375 BUENA VISTA DRIVE 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 _____ 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	XR	1.1 TITLE	PD	XX Change ☐ Addition
NAME	GREEN, JUDSON C.	1.2 NAME	Green, Judson C.	
STREET ADDRESS	500 S. BUENA VISTA ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BURKANK CA	1.4 CITY-ST-ZIP		
TITLE	EVP	2.1 TITLE		☐ Change ☐ Addition
NAME	ELROD, THOMAS R.	2.2 NAME		
STREET ADDRESS	1675 BUENA VISTA DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUENA VISTA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	REED, MARSHA L.	3.2 NAME		
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA	3.4 CITY-ST-ZIP		
TITLE	AT	4.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, DAVID A.	4.2 NAME		
STREET ADDRESS	500 S. BUENA VISTA ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, JUDSON C	5.2 NAME		
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA 91521	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LITVACK, SANFORD M	6.2 NAME		
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA 91521	6.4 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: _____ 4/19/95 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marsha L. Reed

000119 CP