

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000003521 (2)**

1. Corporation Name

MAGIC KINGDOM, INC.



Principal Place of Business

**1313 HARBOR BOULEVARD
ANAHEIM CA 92803**

Mailing Address

**500 S. BUENA VISTA ST.
BURBANK CA 91521-0340
US**

3. Date Incorporated or Qualified

08/03/1993

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

27

City & State

BURBANK, CA

Zip

91521-0586

29

Country

USA

30

4. FEI Number

95-2505481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 DRIVE
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

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

TITLE **PD** ☐ DELETE

NAME **GREEN, JUDSON C**
STREET ADDRESS **500 S. BUENA VISTA ST.**
CITY-ST-ZIP **BURBANK CA**

TITLE **EVP** ☒ DELETE

NAME **ELROD, THOMAS R.**
STREET ADDRESS **1675 BUENA VISTA DRIVE**
CITY-ST-ZIP **LAKE BUENA VISTA FL**

TITLE **SD** ☐ DELETE

NAME **REED, MARSHA L.**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK CA**

TITLE **AT** ☒ DELETE

NAME **HUGHES, DAVID A.**
STREET ADDRESS **500 S. BUENA VISTA ST.**
CITY-ST-ZIP **BURBANK CA**

TITLE **D** ☒ DELETE

NAME **GREEN, JUDSON C**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK CA 91521**

TITLE **D** ☐ DELETE

NAME **LITVACK, SANFORD M**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK CA 91521**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**T
BUETTNER, ANNE L.
500 S. BUENA VISTA ST.
BURBANK, CA 91521**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: **MARSHA L. REED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/16/96** (818) 560-1000 Daytime Phone #

CR2E034 (12/95)