

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003521 (2)

1. Corporation Name

MAGIC KINGDOM, INC.



Principal Place of Business 1313 HARBOR BOULEVARD ANAHEIM CA 92803		Mailing Address 500 SOUTH BUENA VISTA ST BURBANK CA 91521-0001 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	500 S. Buena Vista St.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	Burbank, CA
Zip	Country	Zip	Country
24		29	91521-0586
	25		30
			USA
3. Date Incorporated or Qualified 08/03/1993		3a. Date of Last Report 05/01/1996	
4. FEI Number 95-2505481		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, JUDSON C	1.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	1.4 CITY - ST - ZIP	Burbank, CA 91521
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, MARSHA L.	2.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	2.4 CITY - ST - ZIP	91521
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUETTNER, ANNE L.	3.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	3.4 CITY - ST - ZIP	91521
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JUDSON C	4.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA 91521	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)