

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003521

1. Entity Name

MAGIC KINGDOM, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90075 019 ***150.00

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

Suite, Apt. #, etc.

3. Mailing Address

500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

City & State

City & State

BURBANK, CA

Zip

Country

Zip

Country

91521-0586

US

4. FEI Number

95-2505481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IOPPOLO, FRANK S
1375 BUENA VISTA DRIVE
LAKE BUENA VISTA FL 32830

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GREEN, JUDSON C
STREET ADDRESS 500 S. BUENA VISTA ST.
CITY-ST-ZIP BURBANK CA 91521 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME REED, MARSHA L.
STREET ADDRESS 500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP BURBANK CA 91521 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME BUETTNER, ANNE L.
STREET ADDRESS 500 S. BUENA VISTA ST.
CITY-ST-ZIP BURBANK CA 91521 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LTVACK, SANFORD M
STREET ADDRESS 500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP BURBANK CA 91521 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT
NAME HANFORD, JAMES D
STREET ADDRESS 500 S BUENA VISTA ST
CITY-ST-ZIP BURBANK CA 91521 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

(818) 560-1000

Daytime Phone #