

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F93000003521**1. Entity Name
MAGIC KINGDOM, INC.Principal Place of Business
1313 HARBOR BOULEVARD
ANAHEIM CA 92803
Mailing Address
500 SOUTH BUENA VISTA ST
BURBANK CA 915210586 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
95-2505481
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
AT	HANFORD JAMES D	500 S BUENA VISTA ST	BURBANK CA 91521	<input type="checkbox"/>
D	LITVACK SANFORD M	500 SOUTH BUENA VISTA STREET	BURBANK CA 91521	<input type="checkbox"/>
T	BUETTNER ANNE L.	500 S. BUENA VISTA ST.	BURBANK CA 91521	<input type="checkbox"/>
SD	REED MARSHA L.	500 SOUTH BUENA VISTA STREET	BURBANK CA 91521	<input type="checkbox"/>
PD	GREEN JUDSON C	500 S. BUENA VISTA ST.	BURBANK CA 91521	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ASD	THOMPSON DAVID K	500 SOUTH BUENA VISTA STREET	BURBANK CA 91521	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T	BUETTNER ANNE L	500 S. BUENA VISTA ST.	BURBANK CA 91521	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD	REED MARSHA L	500 SOUTH BUENA VISTA STREET	BURBANK CA 91521	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	PRESSLER PAUL S	500 S. BUENA VISTA ST.	BURBANK CA 91521	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

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04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)