

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 # F94000004975 (8)

1. Corporation Name

DESTINATION DISNEY, INC.

Principal Place of Business

500 SOUTH BUENA VISTA STREET
BURBANK CA 91521

Mailing Address

500 SOUTH BUEN VISTA STREET
BURBANK CA 91521-0001
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1994		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 500 S. Buena Vista St.		4. FEI Number 95-4496277		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Burbank, CA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 91521-0586		30 USA		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				10. Name and Address of New Registered Agent			
IOPPOLO, FRANK S 1375 BUENA VISTA DRIVE, 4TH FLOOR 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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, JOAN	1.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE BUENA VISTA FL	1.4 CITY - ST - ZIP	32830
TITLE	AT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUETTNER, ANNE L.	2.2 NAME	
STREET ADDRESS	500 S. BUEN VISTA ST.	2.3 STREET ADDRESS	500 S. Buena Vista St.
CITY - ST - ZIP	BURBANK CA	2.4 CITY - ST - ZIP	91521
TITLE	VS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHEDER, THOMAS M	3.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE BUENA VISTA FL 32830	3.4 CITY - ST - ZIP	
TITLE	ASD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, MARSHA L	4.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	4.4 CITY - ST - ZIP	91521
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, JUDSON C	5.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	5.4 CITY - ST - ZIP	91521
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	6.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	6.4 CITY - ST - ZIP	91521

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97 (818) 560-1000

Date

Daytime Phone #

0603020

CR2E034 (9/96)