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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # F 95000002428 (9)

1. Corporation Name

Disney Consumer Products Latin America, Inc.

Principal Place of Business	Mailing Address
500 S. Buena Vista St. Burbank, CA 91521	500 S. Buena Vista St Burbank, CA 91521-0586

3. Date Incorporated or Qualified: 5/17/95
3a. Date of Last Report: 4/18/96

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 95-4527299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

Frank S. Ioppolo
1375 Buena Vista Dr.
4th Floor North
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	P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Stephen De Kanter	12 NAME	
STREET ADDRESS	Columbus Center, One Alhambra Plaza	13 STREET ADDRESS	
CITY-ST-ZIP	PH, Coral Gables, FL 33134	14 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Marsha L. Reed	22 NAME	
STREET ADDRESS	500 S. Buena Vista St.	23 STREET ADDRESS	
CITY-ST-ZIP	Burbank, CA 91521	24 CITY-ST-ZIP	
TITLE	T ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Thomas G. Conforti	32 NAME	
STREET ADDRESS	500 S. Buena Vista St.	33 STREET ADDRESS	
CITY-ST-ZIP	Burbank, CA 91521	34 CITY-ST-ZIP	
TITLE	AT ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Anne L. Buettner	42 NAME	
STREET ADDRESS	500 S. Buena Vista St.	43 STREET ADDRESS	
CITY-ST-ZIP	Burbank, CA 91521	44 CITY-ST-ZIP	
TITLE	D ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	Barton K. Boyd	52 NAME	
STREET ADDRESS	500 S. Buena Vista St.	53 STREET ADDRESS	
CITY-ST-ZIP	Burbank, CA 91521	54 CITY-ST-ZIP	
TITLE	D ☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	Sanford M. Litvack	62 NAME	
STREET ADDRESS	500 S. Buena Vista St.	63 STREET ADDRESS	
CITY-ST-ZIP	Burbank, CA 91521	64 CITY-ST-ZIP	

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***165.00

14. 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 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 #