

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004541

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: DCL PORT FACILITIES CORPORATION

## Current Principal Place of Business:

210 CELEBRATION PLACE  
SUITE 400  
CELEBRATION, FL 34747 US

## New Principal Place of Business:

## Current Mailing Address:

500 S BUENA VISTA ST  
BURBANK, CA 915210586 US

## New Mailing Address:

500 S BUENA VISTA ST  
BURBANK, CA 915210105 US

FEI Number: 95-4531091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, JEFFREY H  
1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: REED, MARSHA L  
Address: 500 SOUTH BUENA VISTA STREET  
City-St-Zip: BURBANK, CA 91521

Title: PD ( ) Delete  
Name: MCALPIN, THOMAS  
Address: 210 CELEBRATION PLACE, SUITE 400  
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete  
Name: WEISS, ALLEN R  
Address: 1375 BUENA VISTA DRIVE  
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: VT ( ) Delete  
Name: HEANEY, JAMES M  
Address: 210 CELEBRATION PLACE, SUITE 400  
City-St-Zip: CELEBRATION, FL 34747

Title: AT ( ) Delete  
Name: BUETTNER, ANNE L  
Address: 500 SOUTH BUENA VISTA STREET  
City-St-Zip: BURBANK, CA 91521

Title: AT ( ) Delete  
Name: HANFORD, JAMES D  
Address: 500 SOUTH BUENA VISTA STREET  
City-St-Zip: BURBANK, CA 91521

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA L. REED

S

04/17/2007

Electronic Signature of Signing Officer or Director

Date