

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004541

FILED
Apr 15, 2009
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 915210105 US

New Mailing Address:

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 M
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: PD (X) Change () Addition
Name: HOLZ, KARL L
Address: 210 CELEBRATION PLACE, SUITE 400
City-St-Zip: CELEBRATION, FL 34747

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 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

04/15/2009

Electronic Signature of Signing Officer or Director

Date