

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004541

FILED
Apr 12, 2011
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:

CRAIGMILE, JEFFREY S
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

OFFICERS AND DIRECTORS:

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

Title: PD
Name: HOLZ, KARL L
Address: 210 CELEBRATION PLACE, SUITE 400
City-St-Zip: CELEBRATION, FL 34747

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARSHA L. REED

SD

04/12/2011

Electronic Signature of Signing Officer or Director

Date