FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000004542 (5)**

1. Corporation Name

DISNEY CRUISE LINE, INC.

Principal Place of Business	Mailing Address
210 CELEBRATION PLACE. SUITE 400 CELEBRATION FL 34747	210 CELEBRATION PLACE. SUITE 400 CELEBRATION FL 34747

3. Date Incorporated or Qualified: **09/19/1995**

3a. Date of Last Report:

2. Principal Place of Business (21)	2a. Mailing Address (26): 500 SOUTH BUENA VISTA STREET
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28): BURBANK, CA
Zip (24) / Country (25)	Zip (29): 91521-0586 / Country (30): USA

4. FEI Number: **95-4538983** ☐ 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

IOPPOLO, FRANK S
1375 BUENA VISTA DR, 4TH FL N
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 changing) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LITVACK, SANFORD M		1.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, LAWRENCE P		2.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RODNEY, ARTHUR A		3.2 NAME	
STREET ADDRESS	210 CELEBRATION PLACE, SUITE 400		3.3 STREET ADDRESS	
CITY-ST-ZIP	CELEBRATION FL 34747		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WEISS, ALLEN R		4.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR, 4TH FL N		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	REED, MARSHA L		5.2 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MCALPHIN, THOMAS		6.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 — 4/18/96 — (818) 560-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)