FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUN 25 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~2600084~~ F96000003411

1. Corporation Name

Disney Wonder Corporation

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
March 8, 1996

2. Principal Place of Business
21 **210 Celebration Place**
Suite, Apt. #, etc.
22 **Suite 400**
City & State
23 **Celebration, FL**
Zip 24 **34747** Country 25 **USA**

2a. Mailing Address
26 **500 S. Buena Vista St.**
Suite, Apt. #, etc.
27
City & State
28 **Burbank, CA**
Zip 29 **91521-0586** Country 30 **USA**

4. FEI Number
59-3377429
☐ 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 owes or has paid the current year Intang ble Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Ioppolo, Frank S.
1375 Buena Vista Drive
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

Signature, type or print name of registered agent, and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**President & Director**	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	**Litvack, Sanford M.**		12 NAME	**800002572428--9**
STREET ADDRESS	**500 S. Buena Vista St.**		13 STREET ADDRESS	**-06/25/98--01070--007**
CITY-ST-ZIP	**Burbank, CA 91521**		14 CITY-ST-ZIP	******550.00 ****550.00**
TITLE	**Secretary**	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	**Reed, Marsha L.**		22 NAME	
STREET ADDRESS	**500 S. Buena Vista St.**		23 STREET ADDRESS	
CITY-ST-ZIP	**Burbank, CA 91521**		24 CITY-ST-ZIP	
TITLE	**Treasurer**	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	**Buettner, Anne L.**		32 NAME	
STREET ADDRESS	**500 S. Buena Vista St.**		33 STREET ADDRESS	
CITY-ST-ZIP	**Burbank, CA 91521**		34 CITY-ST-ZIP	
TITLE	**Director**	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	**Weiss, Allen R.**		42 NAME	
STREET ADDRESS	**210 Celebration Place, #400**		43 STREET ADDRESS	
CITY-ST-ZIP	**Celebration, FL 34747**		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

SC 6-25-98

CR2E034 (10/97)

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** 6/19/98 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Area Code & Daytime Phone Number