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FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000003608 (4)

1. Corporation Name  
DISNEY MAGIC CORPORATION

Principal Place of Business  
210 CELEBRATION PLACE  
SUITE 400  
CELEBRATION FL 34747

Mailing Address  
210 CELEBRATION PLACE  
SUITE 400  
CELEBRATION FL 34747-4804



3. Date Incorporated or Qualified 07/17/1996  
3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 500 S. Buena Vista St.  
Suite, Apt. #, etc.

27 City & State

28 Burbank, CA

29 Zip

30 Country

91521-0586

USA

4. FEI Number

59-3377432

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 DRIVE, 4TH FLOOR  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LITVACK, SANFORD M  
STREET ADDRESS 500 SOUTH BUENA VISTA STREET  
CITY-ST-ZIP BURBANK CA

☐ DELETE

TITLE D  
NAME MURPHY, LAWRENCE P  
STREET ADDRESS 500 SOUTH BUENA VISTA STREET  
CITY-ST-ZIP BURBANK CA

☒ DELETE

TITLE V  
NAME MCALPIN, THOMAS  
STREET ADDRESS 210 CELEBRATION PLACE, STE 400  
CITY-ST-ZIP CELEBRATION FL

☒ DELETE

TITLE S  
NAME REED, MARSHA L  
STREET ADDRESS 500 SOUTH BUENA VISTA STREET  
CITY-ST-ZIP BURBANK CA

☐ DELETE

TITLE T  
NAME BUETTNER, ANNE L  
STREET ADDRESS 500 SOUTH BUENA VISTA STREET  
CITY-ST-ZIP BURBANK CA

☐ DELETE

TITLE D  
NAME WEISS, ALLEN R  
STREET ADDRESS 210 CELEBRATION PLACE, STE 400  
CITY-ST-ZIP CELEBRATION FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 91521

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 91521

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 91521

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-25-97 (818) 560-1000

Daytime Phone #

CR2E034 (9/96)