


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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90021 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003341

1. Corporation Name
WALT DISNEY TELEVISION INTERNATIONAL (LATIN AMER ICA), INC.

Principal Place of Business 350 SO BUENA VISTA ST BURBANK CA 91521	Mailing Address 500 SOUTH BUENA VISTA STREET BURBANK CA 91521-0586 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25	30

3. Date Incorporated or Qualified 06/26/1997	Applied For Not Applicable
4. FEI Number 95-2129307	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SO PINE ISLAND RD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORADI, MARK D	1.2 NAME	
STREET ADDRESS	350 SO BUENA VISTA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUETTNER, ANNE L	2.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L	3.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	4.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ROBERT S	5.2 NAME	
STREET ADDRESS	500 SO BUENA VISTA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, JOE	6.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **MARSHA L. REED** *[Signature]* **4-15-99** (818) 560-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)