## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F9700003341 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name WALT DISNEY TELEVISION INTERNATIONAL (LATIN AMER 04-12-2000 90012 001 \*\*\*150.00 Mailing Address Principal Place of Business 500 SOUTH BUENA VISTA STREET 350 SO BUENA VISTA ST BURBANK CA 91521 BURBANK CA 91521-0001 3. Mailing Address 2. Principal Place of Business **500 SOUTH BUENA VISTA STREET** DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 95-2129307 Not Applicable BURBANK, CA Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 91521-0586: US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SO PINE ISLAND RD PLANTATION FL 33324 Zip Code 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE Delete TITLE ZORADI, MARK D MARKE NAME STREET ADDRESS 350 SO BUENA VISTA ST STREET ADDRESS CITY-ST-ZIP **BURBANK CA 91521** CITY-ST-7/P ☐ Addition Change Delete TITLE BUETTNER, ANNE L NAME 500 S BUENA VISTA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BURBANK CA 91521 -CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE REED, MARSHA L NAME NAME 500 S BUENA VISTA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **BURBANK CA 91521** ☐ Addition ☐ Delete TITLE Change TITLE LITVACK, SANFORD M LITYACK, SANFORD M. NAME NAME STREET ADDRESS STREET ADDRESS 500 S BUENA VISTA ST **500 SOUTH BUENA VISTA STREET** CITY-ST-ZIP CITY-ST-ZIP **BURBANK CA 91521** BURBANK, CA 91521 ☐ Change X Addition TITLE Delete TITLE MOORE, ROBERT S NAME NAME SCHNEIDER, PETER 500 SO BUENA VISTA ST STREET ADDRESS STREET ADDRESS **500 SOUTH BUENA VISTA STREET** CITY - ST - ZIP CITY-ST-7IP BURBANK CA 91521 BURBANK, CA., 91521 ☐ Change ☐ Addition Delete TITLE TITLE ROTH, JOE NAME NAME STREET ADDRESS STREET ADDRESS 500 S BUENA VISTA ST CITY-ST-ZIP CITY-ST-ZIP **BURBANK CA 91521**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

MARSHA LL REED WILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00 Date

(818) 560-1000

CROFACA (9/4)

Daytime Phone #