F97000003341

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C.COULLIETTE
FEB 0.1 2011

EXAMINER



RPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE: 658447 4813078

AUTHORIZATION :

COST LIMIT

ORDER DATE: January 28, 2011

ORDER TIME : 9:19 AM

ORDER NO. : 658447-125

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: BUENA VISTA INTERNATIONAL,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section statement of change is submitted for in order to change its register.	r a corporation organiz	zed under the laws of the	State of Californi		
1. The name of the corporation: Bu	ena Vista Internatio	nal, Inc.			
2. The principal office address: 500	S. Buena Vista Stre	eet, Burbank, CA 9152	21		
3. The mailing address (if different)	:				
4. Date of incorporation/qualification	_{n:} 06/26/1997	Document number:	F97000003341		
5. The name and street address of the Florida Department of State:	e current registered age	ent and registered office	on file with the		
Jeffrey H. Smith	l				
1375 Buena Vis	ta Drive, 4th Floor N	North			
Lake Buena Vis	ta, FL 32830			= 3	2:
6. The name and street address of the (if changed):	e new registered agent	(if changed) and /or regi	stered office	FEB -1	Thours.
Jeffrey S. Craigi	nile			PA SOLE	
1375 Buena Vis	ta Drive, 4th Floor N	North		PM 2: 0	
	(P.O. Box NOT acceptable)				
Lake Buena Vis			<u>.</u>	-ন	
The street address of its registered as changed will be identical.	office and the street a	ddress of the business o	ffice of its register	ed agent,	
Such change was authorized by resauthorized by the board, or the cor	solution duly adopted poration has been noti	by its board of directors ified in writing of the ch	or by an officer so	o	
malex	3	Marsha L. Reed, Sec			
I hereby accept the appointment as I further agree to comply with the of my duties, and I am familiar wit document is being filed merely to recorporation has been notified in w. Jeffrey S. Craigmile By: Spritture of Registered Agent If signing on behalf of an entity:	s registered agent and provisions of all statut h and accept the oblig reflect a change in the riting of this change.	agree to act in this can	d name and title) acity. and complete per registered agent. s, I hereby confirm	formance Or, if this n that the	
(Typed or Printed Name)	<u> </u>				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *