

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90069 002 \*\*\*150.00

DOCUMENT # F97000005961

1. Corporation Name

WALT DISNEY ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/97

2. Principal Place of Business

2a. Mailing Address

1375 BUENA VISTA DRIVE

500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4TH FLOOR NORTH

27

City & State

City & State

LAKE BUENA VISTA, FL

BURBANK, CA

Zip

32830

Country

USA

Zip

91521-0586

Country

USA

4. FEI Number

59-3475631

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 the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IOPPOLO, FRANK S.  
1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREEN, JUDSON C.	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK, CA 91521	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REED, MARSHA L.	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK, CA 91521	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BUETTNER, ANNE L.	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK, CA 91521	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HANFORD, JAMES D.	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK, CA 91521	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

(818) 560-1000

Daytime Phone #

CR2E034 (11/98)