

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005961

1. Entity Name

WALT DISNEY ENTERTAINMENT, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90027 009 ***150.00

AUG37242



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1375 BUENA VISTA DR., 4 NORTH LAKE BUENA VISTA FL 32830		Mailing Address 500 S BUENA VISTA ST BURBANK CA 91521-0001 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 500 SOUTH BUENA VISTA STREET Suite, Apt. #, etc.	
City & State		City & State BURBANK, CA	
Zip	Country	Zip	Country
		91521-0586	US
6. Name and Address of Current Registered Agent IOPPOLO, FRANK S 1375 BUENA VISTA DR., 4 NORTH LAKE BUENA VISTA FL 32830		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREEN, JUDSON C 1375 BUENA VISTA DR., 4 NORTH LAKE BUENA VISTA FL 32830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REED, MARSHA L 500 S. BUENA VISTA ST. BURBANK CA 91521 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOGAN, RONALD F 3010 MAINGATE LANE LAKE BUENA VISTA FL 32830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUETTNER, ANNE L 500 S. BUENA VISTA ST. BURBANK CA 91521 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HANFORD, JAMES D. 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHOPLIN, JEAN-LUC 1401 FLOWER ST. GLENDALE CA 91221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUFFY, FRED 3010 MAINGATE LANE LAKE BUENA VISTA FL 32830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(818) 560-1000

CR2E034 (9/99)