


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90175 008 ***150.00

A0064743

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000005961 1. Entity Name WALT DISNEY ENTERTAINMENT, INC.					
Principal Place of Business 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA, FL 32830 US			Mailing Address 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521-0586 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-3475631	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IOPPOLO, FRANK S. 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA, FL 32830			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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, 2001 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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, JUDSON C.		NAME	PRESSLER, PAUL S.	
STREET ADDRESS	1375 BUENA VISTA DRIVE		STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830		CITY-ST-ZIP	BURBANK, CA 91521	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L.		NAME		
STREET ADDRESS	500 SOUTH BUENA VISTA STREET		STREET ADDRESS		
CITY-ST-ZIP	BURBANK, CA 91521		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANFORD, JAMES D.		NAME		
STREET ADDRESS	500 SOUTH BUENA VISTA STREET		STREET ADDRESS		
CITY-ST-ZIP	BURBANK, CA 91521		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUETTNER, ANNE L.		NAME		
STREET ADDRESS	500 SOUTH BUENA VISTA STREET		STREET ADDRESS		
CITY-ST-ZIP	BURBANK, CA 91521		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	THOMPSON, DAVID K.	
STREET ADDRESS			STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY-ST-ZIP			CITY-ST-ZIP	BURBANK, CA 91521	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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  4/16/01 (818) 560-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (11/00)