

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002236

Entity Name: DCL SERVICES LTD., INC.

FILED  
Apr 12, 2011  
Secretary of State

## Current Principal Place of Business:

1375 BUENA VISTA DR.  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830

## New Principal Place of Business:

## Current Mailing Address:

500 S. BUENA VISTA ST  
BURBANK, CA 915210105

## New Mailing Address:

FEI Number: 95-4524548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAIGMILE, JEFFREY S  
1375 BUENA VISTA DR  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: AT  
Name: HANFORD, JAMES D  
Address: 500 S. BUENA VISTA ST  
City-St-Zip: BURBANK, CA 91521

Title: PD  
Name: HOLZ, KARL L  
Address: 210 CELEBRATION PLACE  
City-St-Zip: CELEBRATION, FL 34747

Title: D  
Name: WEISS, ALLEN R  
Address: 1375 BUENA VISTA DR.  
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: SD  
Name: REED, MARSHA L  
Address: 500 S. BUENA VISTA ST  
City-St-Zip: BURBANK, CA 91521

Title: VT  
Name: HEANEY, JAMES M  
Address: 210 CELEBRATION PL.  
City-St-Zip: CELEBRATION, FL 34747

Title: AT  
Name: BUETTNER, ANNE L  
Address: 500 S. BUENA VISTA ST  
City-St-Zip: BURBANK, CA 91521

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARSHA L. REED

SD

04/12/2011

Electronic Signature of Signing Officer or Director

Date