

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002238

1. Entity Name

DCL MANAGEMENT LTD., INC.

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

04-12-2000 90049 046 \*\*\*150.00

Principal Place of Business

Mailing Address

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

500 SOUTH BUENA VISTA STREET  
BURBANK CA 91521-0001  
US

2. Principal Place of Business

3. Mailing Address

**500 SOUTH BUENA VISTA STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BURBANK, CA**

4. FEI Number

**95-4524549**

Applied For

Not Applicable

Zip

Country

Zip

Country

**91521-0586**

**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **LITVACK, SANFORD M**  
STREET ADDRESS **500 S. BUENA VISTA ST.**  
CITY-ST-ZIP **BURBANK CA 91521**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☒ Delete  
NAME **RODNEY, ARTHUR A**  
STREET ADDRESS **210 CELEBRATION PL.**  
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **PD** ☐ Change ☒ Addition  
NAME **QUINET, MATTHEW A.**  
STREET ADDRESS **210 CELEBRATION PLACE**  
CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE **D** ☐ Delete  
NAME **WEISS, ALLEN R**  
STREET ADDRESS **1375 BUENA VISTA DR., 4TH FL. NORTH**  
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **REED, MARSHA L**  
STREET ADDRESS **500 S. BUENA VISTA ST.**  
CITY-ST-ZIP **BURBANK CA 91521**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **MCALPIN, THOMAS**  
STREET ADDRESS **210 CELEBRATION PL.**  
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(818) 560-1000**

Daytime Phone #

CR2E034 (9/99)