

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005192

1. Entity Name

DISNEY REGIONAL ENTERTAINMENT, INC.

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

04-12-2000 90031 031 \*\*\*150.00

Principal Place of Business

Mailing Address

500 SOUTH BUENA VISTA STREET  
BURBANK CA 91521-0586

500 SOUTH BUENA VISTA STREET  
BURBANK CA 91521-0001

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

95-4593136

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 DRIVE, 4TH FLOOR 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 ☐ Delete  
NAME PD  
STREET ADDRESS LEVITT, ARTHUR III  
CITY-ST-ZIP 500 SOUTH BUENA VISTA STREET  
BURBANK CA 91521

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

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

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BUETTNER, ANNE L  
CITY-ST-ZIP 500 SOUTH BUENA VISTA STREET  
BURBANK CA 91521

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

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

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

TITLE ☐ Delete  
NAME AT  
STREET ADDRESS HAWFORD, JAMES D  
CITY-ST-ZIP 500 SOUTH BUENA VISTA STREET  
BURBANK CA 91521

TITLE ☒ Change ☐ Addition  
NAME AT  
STREET ADDRESS HANFORD, JAMES D.  
CITY-ST-ZIP 500 SOUTH BUENA VISTA STREET  
BURBANK, CA 91521

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

Daytime Phone #

(818) 560-1000

CR2E034 (9/99)