2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2001 08:00 AM F98000005192 DOCUMENT# 1. Entity Name **Secretary of State** DISNEY REGIONAL ENTERTAINMENT, INC. Principal Place of Business Mailing Address 500 SOUTH BUENA VISTA STREET 500 SOUTH BUENA VISTA STREET BURBANK CA BURBANK CA 915210586 915210586 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-4593136 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IOPPOLO FRANK IOPPOLO 1375 BUENA VISTA DRIVE, 4TH FLOOR NORTH Street Address (P.O. Box Number is Not Acceptable) 1375 BUENA VISTA DRIVE LAKE BUENA VISTA 4TH FLOOR NORTH 32830 US City Zip Code LAKE BUENA VISTA 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 04/17/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE AT CR2E034 (11/00) ☐ Delete TITLE ☐ Addition HANFORD MAME JAMES NAME 500 SOUTH BUENA VISTA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BURBANK CA 91521 CITY-ST-ZIP D ☐ Delete TITLE VASD X Change ☐ Addition NAME LITVACK SANFORD NAME THOMPSON DAVID K STREET ADDRESS 500 SOUTH BUENA VISTA STREET STREET ADDRESS 500 SOUTH BUENA VISTA STREET CITY-ST-ZIP BURBANK CA 91521 CITY-ST-ZIP BURBANK $\mathbf{C}\mathbf{A}$ 91521 Delete TITLE ☐ Change ☐ Addition BUETTNER ANNE NAME STREET ADDRESS 500 SOUTH BUENA VISTA STREET STREET ADDRESS CITY-ST-ZIP BURBANK CA 91521 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition REED MARSHA NAME STREET ADDRESS 500 SOUTH BUENA VISTA STREET STREET ADDRESS CITY-ST-ZIP BURBANK CA 91521 CITY-ST-ZIP TITLE PD ☐ Delete TITLE PD X Change ☐ Addition LEVITT ARTHUR NAME PRESSLER PAUL STREET ADDRESS 500 SOUTH BUENA VISTA STREET STREET ADDRESS 500 SOUTH BUENA VISTA STREET CITY-ST-ZIP BURBANK CA 91521 CITY-ST-ZIP BURBANK $\mathbf{C}\mathbf{A}$ 91521 ☐ Delete TITLE ☐ Change ☐ Addition 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 S 04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #