

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000005192

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: DISNEY REGIONAL ENTERTAINMENT, INC.

Current Principal Place of Business:

500 SOUTH BUENA VISTA STREET
BURBANK, CA 915210586

New Principal Place of Business:

500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521 US

Current Mailing Address:

500 SOUTH BUENA VISTA STREET
BURBANK, CA 915210586

New Mailing Address:

500 SOUTH BUENA VISTA STREET
BURBANK, CA 915210586 US

FEI Number: 95-4593136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JEFFREY H
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830 US

Name and Address of New Registered Agent:

SMITH, JEFFREY H
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830

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:

04/24/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRESSLER, PAUL S
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: SD () Delete
Name: REED, MARSHA L
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: T () Delete
Name: BUETTNER, ANNE L
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: VASD () Delete
Name: THOMPSON, DAVID K
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: AT () Delete
Name: HANFORD, JAMES D
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARSHA L. REED

SD

04/24/2002

Electronic Signature of Signing Officer or Director

Date