FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H85662** **(5)**

1. Corporation Name
LAKE BRYAN, INC.

Principal Place of Business	Mailing Address
6649 WESTWOOD BLVD 300 ORLANDO FL 32821 US	500 S BUENA VISTA ST BURBANK CA 91521 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/15/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / County
24 / 25

2a. Mailing Address
26 **500 S. Buena Vista Street**
Suite, Apt. #, etc.
27
City & State
28 **Burbank, CA**
Zip / County
29 **91521-0340** / 30 **U.S.**

4. FEI Number: **59-2672655** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

IOPPOLO, FRANK
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32830

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RUMMELL,PETER S.	12 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	13 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	T ☒ Change ☐ Addition
NAME	XXXXXXXXXXXXXXXX	22 NAME	Ouimet, Matthew A.
STREET ADDRESS	6649 WESTWOOD BLVD, #300	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	S ☒ Change ☐ Addition
NAME	XXXXXXXXXXXXXXXX	32 NAME	Ioppolo, Frank S.
STREET ADDRESS	1375 BUENA VISTS DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	34 CITY-ST-ZIP	
TITLE	ASD	41 TITLE	☐ Change ☐ Addition
NAME	REED, MARSHA L.	42 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST	43 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LITVACK, SANFORD M.	52 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	53 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marsha L. Reed 4/19/95 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Marsha L. Reed

0093000 CP