485662

Requester's Name



The WALT DISNEP Company Diane Austin M/C 0586 - 80/357

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

500 South Buena Vista Street Burbank, California 91521 400004689064---2 -11/20/01--01037--007 ******35.00 ******35.00

Examiner's Initials

Office Use Only

I. (Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4(Corporation Name) Walk in Pick up time _ Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION DIVSERED NOV 20 N
Annual Report	Foreign

Limited Partnership

Reinstatement Trademark Other

CR2E031(7/97)

☐ Fictitious Name

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	o the provisions of sections igned corporation organized		·	8, Florida Statutes,
submits the the State of	e following statement in order Elorida	er to change its regis	tered office or registered	d agent, or both, in
-	e of the corporation: Lake	a Bryan Inc		
1. The nam	e of the corporation.	bijan, inc.		
2. The mail	ing address of the corporation	on: 500 South Bu	ena Vista Street.	
	nk, CA 91521-0586			
3. Date of i	ncorporation/qualification:	11/15/85	Document number:	H85662
4. The name	e and address of the current	registered agent and o	ffice:	
	Frank S. Ioppolo			
	1375 Buena Vista	Drive, 4th Floor	North	ř.
	Lake Buena Vista,			
5. The name	e and address of the new reg (F	istered agent (if chang 2. O. Box Not Accepta		ice (if changed):
	Jeffrey H. Smith			
	1375 Buena Vista I	Orive, 4th Floor	North	
	Lake Buena Vista,	FL 32830		
The street ac	ddress of its registered officanged, will be identical.	e and the street addre	ess of the business office	e of its registered
Such change authorized b	e was authorized by resoluti	on duly adopted by it	s board of directors or b	y an officer so
			11/15/	01
.(Signat	ture of an officer, chairman or vice c	hairman of the board)	(Date	
• • • • • • • • • • • • • • • • • • • •	Marsha L. Reed, Assistan (Printed or typed name and	t Secretary		
Having been	named as registered agent	and to accept service	e of process for the above	ve stated
perjormance	I hereby accept the appoin ee to comply with the provi of my duties, and I am fam	sions of all statutes re sions of all statutes re siliar with and accept	geni and agree to act the elative to the proper and the obligation of my po	this capacity. I complete sition as
registered as	geni.	<u> </u>	11/15/01	
	(Signature of Registered Agent)	·	(Date)	
If signing on be	chalf of an entity:			NVISE NVISE
	(Typed or Printed Name)		(Capacity)	NAT OF A
	***)	FILING FEE: \$35.0	0 * * *	
CR2E045(9/00)				STA ORAN
	DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 3231	Tions