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2023 JUN 14 PM 2:41

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 815108 4813078

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : June 14, 2023

ORDER TIME : 2:33 PM

ORDER NO. : 815108-005

CUSTOMER NO: 4813078

FOREIGN FILINGS

NAME: DISNEY IMAGINEERING LIVE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DISNEY IMAGINEERING LIVE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. CALIFORNIA 3. 33-0878410
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. ON REGISTRATION
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1313 S HARBOR BLVD 6. 500 S BUENA VISTA ST
(Street Address of Principal Office) (Mailing Address)
ANAHEIM, CA 92803 BURBANK, CA 91521

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CORPORATION SERVICE COMPANY
Office Address: 1201 HAYS STREET
TALLAHASSEE 32301
(City) Florida (Zip code)

2023 JUN 14 PM 2:41

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Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Alexis Weiland-Jensen, ACP

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: DISNEY ENTERPRISES, INC.

☒ Member Address: 500 S BUENA VISTA ST

☐ Authorized BURBANK, CA 91521

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: David H. Lightbody

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Senior VP ☐ Other _____

☐ Manager Name: Bettina C. Buckley

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Vice President ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Jeffrey N. Vahle

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: James W. Bowden

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Matthew K. Conover

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

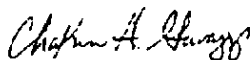
Person _____

☒ Other Vice President ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Chakira H. Gavazzi

Typed or printed name of signer

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Robert P. Faulkner

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Vice President ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Shelby T. Jiggetts-Tivony

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Wendy K. Leitman

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: John A. Stowell

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Michael E. Williams

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Natalie Woodward

☐ Member Address: 500 S BUENA VISTA ST

☐ Authorized BURBANK, CA 91521

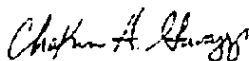
Person _____

☒ Other Vice President ☐ Other _____

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Chakira H. Gavazzi

Typed or printed name of signer

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Title or Capacity: **Name and Address:**

☐ Manager Name: Carlos A. Gomez

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Treasurer ☐ Other _____

☐ Manager Name: Chakira H. Gavazzi

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Secretary ☐ Other _____

☐ Manager Name: Aaron H. Solomon

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Asst Secretary ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Daniel F. Grossman

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Asst Treasurer ☐ Other _____

☐ Manager Name: Michael Salama

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Asst Secretary ☐ Other _____

☐ Manager Name: Shanna L. Steed

☐ Member Address: 500 S BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

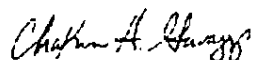
Person _____

☒ Other Asst Secretary ☐ Other _____

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Signature of an authorized person

Chakira H. Gavazzi

Typed or printed name of signee

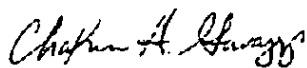
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<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Lee R. Young	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 500 S BUENA VISTA ST	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	BURBANK, CA 91521	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other Asst Secretary	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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Signature of an authorized person

Chakira H. Gavazzi

Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: Disney Imagineering Live, LLC
Entity No.: 2165626
Registration Date: 06/01/1999
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 14, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 119721627

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State



The WALT DISNEY Company

Office of the Corporate Secretary

May 16, 2023

Qualification Filing
P.O. Box 6327
Tallahassee, Florida 32314-1300

RE: Authorization to use name Disney in Qualification of Disney Imagineering Live, LLC

To Whom It May Concern:

As Vice President of Governance Administration and Assistant Secretary of The Walt Disney Company (the "Company"), I authorize and approve on behalf of the Company, Disney Imagineering Live, LLC's request to use Disney in their qualification filing and that they are authorized by the Company to transact business in the state of Florida under the name, Disney Imagineering Live, LLC.

If you have any questions, please don't hesitate to contact the Company's Corporate Secretary's office at Corp.Secretary@disney.com.

Regards,

A handwritten signature in black ink, reading "Chakira H. Gavazzi".

Chakira H. Gavazzi
Vice President of Governance Administration & Assistant Secretary