

09000066118

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R.A. Charge FEB 0 2 2011

EXAMINER



ON SERVICE COMPANY.
ACCOUNT NO. : I2000000195
REFERENCE : 658447 4813078
AUTHORIZATION: Spelle Ble man
COST LIMIT : \$35.00
ORDER DATE : January 28, 2011
ORDER TIME : 9:04 AM
ORDER NO. : 658447-035
CUSTOMER NO: 4813078
CHANGE OF AGENT
NAME: DISNEY GIFT CARD SERVICES, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Matthew Young EXT# 2962
EXAMINER:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
. The name of the corporation: Disney Gift Card Services, Inc.
2. The principal office address: 1675 Buena Vista Drive, Suite 505, Lake Buena Vista, FL 32830
3. The mailing address (if different):
J. Date of incorporation/qualification: 06/25/2004 Document number: P09000066118
The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
Tallahassee, FL 32301 The name and street address of the new registered agent (if changed) and /or registered office (if changed): Jeffrey S. Craigmile
Jeffrey S. Craigmile
1375 Buena Vista Drive, 4th Floor North
(P.O. Box NOT acceptable)
Lake Buena Vista, FL 32830
The street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.
such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
Marsha L. Reed, Secretary (Printed or typed name and title)
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change. Leffrey S. Craigmile
By: (Date) By: (Date)
f signing on behalf of an entity:
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *