

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P19348 (2)

1. Corporation Name

THE DISNEY STORE, INC.



Principal Place of Business

Mailing Address

500 S. BUENA VISTA ST.
BURBANK CA 91521
US

500 S BUENA VISTA STREET
BURBANK CA 91521-0940
US

3. Date Incorporated or Qualified

05/23/1988

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26 500 SOUTH BUENA VISTA STREET

4. FEI Number

95-4127358

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28 City & State

BURBANK, CA

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29 Zip

91521-0586

Country

USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK S. IOPPOLO
1375 BUENA VISTA DR., 4TH FLOOR
LAKE BUENA VISTA FL 32830

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME MANULA, RICHARD D
STREET ADDRESS 500 SOUTH BUENA VISTA ST
CITY-ST-ZIP BURBANK CA

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME HEYMANN, THOMAS A.
1.3 STREET ADDRESS 101 N. BRAND BLVD., SUITE 1000
1.4 CITY-ST-ZIP GLENDALE, CA 91203-2671

TITLE D ☐ DELETE

NAME LITVACK, SANFORD M.
STREET ADDRESS 500 SOUTH BUENA VISTA
CITY-ST-ZIP BURBANK CA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME REED, MARSHA L.
STREET ADDRESS 500 SOUTH BUENA VISTA ST
CITY-ST-ZIP BURBANK CA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME CONFORTI, THOMAS G.
STREET ADDRESS 500 SOUTH BUENA VISTA ST
CITY-ST-ZIP BURBANK CA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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.

MARSHA L. REED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/96

(818) 560-1000

CR2E034 (12/95)