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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

500 S. BUENA VISTA ST.
BURBANK CA 91521
US

Mailing Address

500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0001
US

3. Date Incorporated or Qualified 05/23/1988
3a. Date of Last Report 05/01/1996

4. FEI Number 95-4127358
Applied For Not Applicable

6. 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 500 S. Buena Vista St.

27 Suite, Apt. #, etc.

28 City & State

29 Burbank, CA

30 Zip

31 91521-0586

Country

32 USA

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HEYMANN, THOMAS A.
STREET ADDRESS 101N. BRAND BLVD., SUITE 1000
CITY-ST-ZIP GLENDALE CA

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 91203

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 91521

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 91521

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 91521

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(818) 560-1000

3-25-97

CR2E034 (9/96)