

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90027 003 \*\*\*150.00

**DOCUMENT # P19348**

1. Entity Name  
**THE DISNEY STORE, INC.**

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Principal Place of Business      Mailing Address

**500 S. BUENA VISTA ST.  
 BURBANK CA 91521  
 US**      **500 S BUENA VISTA ST  
 BURBANK CA 91521-0001  
 US**

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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      **500 SOUTH BUENA VISTA STREET**  
 Suite, Apt. #, etc.

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City & State      City & State  
**BURBANK, CA**

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Zip      Country      Zip      Country  
**91521-0586**      **US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **95-4127358**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HEYMANN, THOMAS A. 101N. BRAND BLVD., SUITE 1000 GLENDALE CA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PARK, THOMAS F. 101 NORTH BRAND BOULEVARD, #1000 GLENDALE, CA 91203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LITVACK, SANFORD M. 500 SOUTH BUENA VISTA BURBANK CA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD REED, MARSHA L 500 SOUTH BUENA VISTA ST BURBANK CA 91521</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BUETTNER, ANNE L 500 SOUTH BUENA VISTA ST BURBANK CA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: MARSHA L. REED** **4-6-00 (818) 560-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)