

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P19390 (4)

1. Corporation Name

SNOWBALL, INC.



Principal Place of Business

8801 VISTANA CENTER DR.
SUITE 380
ORLANDO FL 32821
US

Mailing Address

500 S. BUENA VISTA ST.
BURBANK CA 91521-0340

3. Date Incorporated or Qualified

05/25/1988

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

500 SOUTH BUENA VISTA STREET

27

Suite, Apt. #, etc.

28

BURBANK, CA

29

91521-0586

30

Country

USA

4. FEI Number

59-2865894

Applied For

Not Applicable

5. 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

9. Name and Address of Current Registered Agent

IOPPOLO, FRANK S
1375 BUENA VISTA DRIVE
SUITE 4-N
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 607.0532 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-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PO

NAME

THOMPSON, DAVID K.

STREET ADDRESS

500 S. BUENA VISTA ST.

CITY-STATE-ZIP

BURBANK CA

☐ DELETE

TITLE

VTD

NAME

HUGHES, DAVID A

STREET ADDRESS

500 S. BUENA VISTA ST.

CITY-STATE-ZIP

BURBANK CA 91521

☒ DELETE

TITLE

SD

NAME

REED, MARSHA L.

STREET ADDRESS

500 S. BUENA VISTA ST.

CITY-STATE-ZIP

BURBANK CA

☐ DELETE

TITLE

AS

NAME

O'TOOLE, WILLIAM A.

STREET ADDRESS

1375 BUENA VISTA DR.

CITY-STATE-ZIP

LAKE BUENA VISTA FL

☒ DELETE

TITLE

D

NAME

GREEN, JUDSON C

STREET ADDRESS

500 S. BUENA VISTA ST.

CITY-STATE-ZIP

BURBANK CA 91521

☐ DELETE

TITLE

D

NAME

WILLIAMS S. MARK

STREET ADDRESS

500 S. BUENA VISTA ST.

CITY-STATE-ZIP

BURBANK CA

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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.

SIGNATURE: MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsha L. Reed

4/18/96

Date

(818) 560-1000

Daytime Phone #

CR2E034 (12/95)