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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 # P19390

(4)

1. Corporation Name  
SNOWBALL, INC.

Principal Place of Business  
8801 VISTANA CENTER DR.  
SUITE 380  
ORLANDO FL 32821  
US

Mailing Address  
500 SOUTH BUENA VISTA ST.  
BURBANK CA 91521-0001  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 500 S. Buena Vista St.  
Suite, Apt. #, etc.

27

City & State

28 Burbank, CA

Zip

Country

29 91521-0586

30 USA

3. Date Incorporated or Qualified

05/25/1988

3a. Date of Last Report

05/01/1996

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 607.0502 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 ☐ DELETE  
NAME THOMPSON, DAVID K.  
STREET ADDRESS 500 S. BUENA VISTA ST.  
CITY- ST- ZIP BURBANK CA

TITLE VT ☐ DELETE  
NAME BUETTNER, ANNE L.  
STREET ADDRESS 500 SOUTH BUENA VISTA ST  
CITY- ST- ZIP BURBANK CA

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

TITLE AS ☒ DELETE  
NAME O'TOOLE, WILLIAM A.  
STREET ADDRESS 1375 BUENA VISTA DR.  
CITY- ST- ZIP LAKE BUENA VISTA FL

TITLE D ☐ DELETE  
NAME GREEN, JUDSON C  
STREET ADDRESS 500 S. BUENA VISTA ST.  
CITY- ST- ZIP BURBANK CA 91521

TITLE D ☐ DELETE  
NAME WILLIAMS S. MARK  
STREET ADDRESS 500 S. BUENA VISTA ST.  
CITY- ST- ZIP BURBANK CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP 91521

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP 91521

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP 91521

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

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

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP 91521

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

3-25-97

(818) 560-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)