

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 880  
ORLANDO FL 32821  
US

Mailing Address  
500 SOUTH BUENA VISTA ST.  
BURBANK CA 91521-0586  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1988

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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                       | <input type="checkbox"/> DELETE |
| NAME           | THOMPSON, DAVID K.       |                                 |
| STREET ADDRESS | 500 S. BUENA VISTA ST.   |                                 |
| CITY-ST-ZIP    | BURBANK CA               |                                 |
| TITLE          | VT                       | <input type="checkbox"/> DELETE |
| NAME           | BUETTNER, ANNE L.        |                                 |
| STREET ADDRESS | 500 SOUTH BUENA VISTA ST |                                 |
| CITY-ST-ZIP    | BURBANK CA               |                                 |
| TITLE          | SD                       | <input type="checkbox"/> DELETE |
| NAME           | REED, MARSHA L.          |                                 |
| STREET ADDRESS | 500 S. BUENA VISTA ST.   |                                 |
| CITY-ST-ZIP    | BURBANK CA               |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | GREEN, JUDSON C          |                                 |
| STREET ADDRESS | 500 S. BUENA VISTA ST.   |                                 |
| CITY-ST-ZIP    | BURBANK CA 91521         |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | WILLIAMS S. MARK         |                                 |
| STREET ADDRESS | 500 S. BUENA VISTA ST.   |                                 |
| CITY-ST-ZIP    | BURBANK CA               |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    | 91521  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    | 91521  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    | 91521  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    | 91521  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. 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 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.

CR2E034 (10/97)