

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P25577** (8)

1. Corporation Name

WALT DISNEY ATTRACTIONS, INCORPORATED



Principal Place of Business

Mailing Address

500 S BUENA VISTA ST
P.O. BOX 691177
BURBANK CA 91521
US

500 S. BUENA VISTA ST.
P.O. BOX 691177
BURBANK CA 91521-0340
US

3. Date Incorporated or Qualified

08/10/1989

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26 500 SOUTH BUENA VISTA STREET

95-4205145

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28 BURBANK, CA

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip Country

Zip Country

29 91521-0586

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK S. IOPPOLO
1375 BUENA VISTA DR 4TH FL N
LAKE BUENA VISTA FL 32830

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME CD
STREET ADDRESS NUNIS, RICHARD A.
CITY-ST-ZIP 1375 BUENA VISTA DR
LAKE BUENA VISTA FL

1. 1 TITLE ☐ Change ☐ Addition
2. 2 NAME
3. 3 STREET ADDRESS
4. 4 CITY-ST-ZIP

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

2. 1 TITLE ☐ Change ☐ Addition
2. 2 NAME
2. 3 STREET ADDRESS
2. 4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME T
STREET ADDRESS CARPENTER, FARRIS E.
CITY-ST-ZIP 1375 BUENA VISTA DR
LAKE BUENA VISTA FL

3. 1 TITLE ☐ Change ☒ Addition
3. 2 NAME T
3. 3 STREET ADDRESS HUNT, JAMES
3. 4 CITY-ST-ZIP 1375 BUENA VISTA DR
LAKE BUENA VISTA, FL 32830

TITLE ☒ DELETE
NAME D
STREET ADDRESS SHAPIRO, JOE
CITY-ST-ZIP 500 S. BUENA VISTA ST.
BURBANK CA

4. 1 TITLE ☐ Change ☐ Addition
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY-ST-ZIP

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

5. 1 TITLE ☐ Change ☐ Addition
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY-ST-ZIP

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

6. 1 TITLE ☐ Change ☐ Addition
6. 2 NAME
6. 3 STREET ADDRESS
6. 4 CITY-ST-ZIP

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

Marsha L. Reed

Date

4/18/96

Daytime Phone #

(818) 560-1000

CR2E034 (12/95)