

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 # **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
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2. Principal Place of Business	2a. Mailing Address
21	26 500 SOUTH BUENA VISTA STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 BURBANK, CA
Zip	Country
24	29 91521-0586 30 USA

4. FEI Number	Applied For
95-4205145	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNIS, RICHARD A.	1.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L	2.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, FARRIS E.	3.2 NAME	T
STREET ADDRESS	1375 BUENA VISTA DR	3.3 STREET ADDRESS	HUNT, JAMES
CITY-ST-ZIP	LAKE BUENA VISTA FL	3.4 CITY-ST-ZIP	1375 BUENA VISTA DR
TITLE	D <input checked="" type="checkbox"/> DELETE	4. 1 TITLE	LAKE BUENA VISTA, FL 32830 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, JOE	4.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	5.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JUDSON C	6.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	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* 4/10/96 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)