

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31650

FILED
Feb 27, 2004
Secretary of State

Entity Name: BUENA VISTA MAGAZINES, INC.

Current Principal Place of Business:

6750 FORUM DRIVE
SUITE 308
ORLANDO, FL 32821

New Principal Place of Business:

500 S BUENA VISTA ST
BURBANK, CA 91521

Current Mailing Address:

500 S BUENA VISTA ST
BURBANK, CA 915210586

New Mailing Address:

FEI Number: 95-4245683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JEFFREY H
1375 BUENA VISTA DR.
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830 US

Name and Address of New Registered Agent:

SMITH, JEFFREY H
1375 BUENA VISTA DR.
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEWMAN, KENNETH E
Address: 77 WEST 66TH STREET
City-St-Zip: NEW YORK, NY 10023

Title: AT () Delete
Name: BUETTNER, ANNE L
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

Title: SD () Delete
Name: REED, MARSHA L
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

Title: VD () Delete
Name: THOMPSON, DAVID K
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

Title: AT () Delete
Name: HANFORD, JAMES D
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

Title: P () Delete
Name: MOONEY, ANDREW P
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA L REED

S

02/27/2004

Electronic Signature of Signing Officer or Director

Date