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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 # P96000023068 (5)

1. Corporation Name

DISNEY PRODUCTION SERVICES, INC.

Principal Place of Business  
1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA FL 32830

Mailing Address  
1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA FL 32830



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 500 S. Buena Vista St.

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 Burbank, CA

24

25

29 91521-0586

30

USA

3. Date Incorporated or Qualified

03/07/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3377987

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

10. Name and Address of New Registered Agent

IOPPOLO, FRANK S  
1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
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

TITLE D ☐ DELETE  
NAME LITVACK, SANFORD M  
STREET ADDRESS 500 SOUTH BUENA VISTA STREET  
CITY-ST-ZIP BURBANK CA 91521

TITLE D ☐ DELETE  
NAME REED, MARSHA  
STREET ADDRESS 500 SOUTH BUENA VISTA STREET  
CITY-ST-ZIP BURBANK CA 91521

TITLE D ☐ DELETE  
NAME WEISS, ALLEN R  
STREET ADDRESS 1375 BUENA VISTA DRIVE DRIVE  
CITY-ST-ZIP LAKE BUENA VISTA FL 32830

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.1 TITLE SD ☒ Change ☐ Addition  
2.2 NAME Reed, Marsha L.  
2.3 STREET ADDRESS 500 S. Buena Vista St.  
2.4 CITY-ST-ZIP Burbank, CA 91521

3.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME Weiss, Allen R.  
3.3 STREET ADDRESS 1375 Buena Vista Dr.  
3.4 CITY-ST-ZIP Lake Buena Vista, FL 32830

4.1 TITLE T ☐ Change ☒ Addition  
4.2 NAME Anne L. Buettner  
4.3 STREET ADDRESS 500 S. Buena Vista St.  
4.4 CITY-ST-ZIP Burbank, CA 91521

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

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 (818) 560-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0518103

CR2E034 (9/96)