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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000030823

1. Corporation Name

DISNEYQUEST, INC.

Principal Place of Business	Mailing Address
1375 BUENA VISTA DRIVE ITH FLOOR NORTH LAKE BUENA VISTA FL 32830	500 S. BUENA VISTA ST. BURBANK CA 91521-0586

## **FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90111 002 \*\*\*150.00



4TH FLOOR NO	RTH	BURBANK CA 91521-0586			DO NOT WRITE IN THIS SPACE		
LAKE BUENA VI	131A FC 32050				3. Date Incorporated or Qualifed 04/04/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	pplied For
21		26			95-4663984	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- 5 Certifcate of Status Desired		Additional
22	No.	27			5. Certificate of Status Desired	Fee Re	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Inta	angible	_
24	25	29	30		Personal Property Tax.	Yes	KI No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	Agent	
		<del></del>	81	Name			ļ
IOPP	OLO, FRANK S		82	Stroot Add	dress (P.O. Box Number is Not Acceptable)		
1375	BUENA VISTA DRIVE		04	Sileer Add	dress (F.O. Box Number is Not Acceptable)		
4TH	FLOOR NORTH		83	3			
LAKE	BUENA VISTA FL 32830			<u> </u>		Ta=T =:-	
			84	City	· FL	85 Zip	Code
44 5	As the servicions of Sections 607 0502	and 607 1509 Florida Statut	es the ahou	/e-pamed cor	reporation submits this statement for the purpose of	changing its	registered
_£C	icla-ad agont or both in the State (	it Florida. Silich chande was a	uxnonzea o	rine cumora	tion's board of directors. I hereby accept the appoir	ntment as re	egistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statute	\$.			i
SIGNATURE					ired when reinstating) DATE		
	Signature, typed or printed name of registered agent		: Registered Age	ent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	DDIRECTO	ORS IN 12
12.	OFFICERS AND	DELETE			ADDITIONAL OF PROCESS AS A STATE OF THE PARTY OF THE PART	☐ Change	☐ Addition
TITLE	PD	☐ nere ie	1.1 TITLE				
NAME	LEVITT, ARTHUR III		1.2 NAME				
STREET ADDRESS	500 SOUTH BUENA VISTA STRI	EET	1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BURBANK CA 91521		1.4 CITY-	ST-ZIP		7 Change	Addition
TITLE	SD	☐ DELETE	2.1 TITLE			L_ Change	
NAME	REED, MARSHA L.		2.2 NAME	Ì			
STREET ADDRESS	500 SOUTH BUENA VISTA STR	EET	2.3 STRE	ET ADDRESS			- !
CITY-ST-ZIP	BURBANK CA 91521		2. 4 CITY	ST-ZIP			
TITLE	ī	☐ DELETE	3.1 TITLE	}		Change	☐ Addition
   NAME	BUETTNER, ANNE L.		3.2 NAME				
STREET ADDRESS	500 SOUTH BUENA VISTA STR	EET	3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BURBANK CA 91521		3.4. CITY-	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	LITVACK, SANFORD M.		4. 2 NAMI	<u> </u>			
	500 SOUTH BUENA VISTA STR	FFT	1	ET ADDRESS			
STREET ADDRESS		LL'	4.3 STRE	1			
CITY-ST-ZIP	BURBANK CA 91521	□ DELETE	5.1 TITLE		VCFO	Change	Addition
TITLE	1		5.1 TILE	<b>I</b>		_ •	
NAME				ET ADDRESS	MARCOTTE, GARY R.		
STREET ADDRESS	1				500 SOUTH BUENA VISTA STREET		
CJTY-ST-ZIP			5.4 CITY-		BURBANK, CA 91521	Change	<b>IX</b> Addition
TITLE	1 12	☐ DELETE	6,1 TITLE		AT		(W. Unmino))
NAME .			6.2 NAME		HANFORD, JAMES D.		
STREET ADDRESS			6.3 STRE	ET ADDRESS	500 SOUTH BUENA VISTA STREET		
1	1		C 4 CITY	OT ZID	DUDDANK CA 01597		

14. Thereby 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, with all other like empowered.

SIGNATURE:

MARSHA (L.) (REED A

4-16-99 (818) 560-1000

CR2E034 (11/98)