

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90175 015 \*\*\*150.00

**DOCUMENT # P97000030823**

1. Entity Name

**WDMDQ, INC.**

Principal Place of Business

**1375 BUENA VISTA DRIVE  
 4TH FLOOR NORTH  
 LAKE BUENA VISTA, FL 32830  
 US**

Mailing Address

**500 SOUTH BUENA VISTA STREET  
 BURBANK, CA 91521-0586  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**95-4663984**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**A0064736**

6. Name and Address of Current Registered Agent

**IOPPOLO, FRANK S.  
 1375 BUENA VISTA DRIVE  
 4TH FLOOR NORTH  
 LAKE BUENA VISTA, FL 32830**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                     |  |
|----------------|-------------------------------------|--|
| TITLE          | <b>PD</b>                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>LEVITT, ARTHUR III</b>           |  |
| STREET ADDRESS | <b>500 SOUTH BUENA VISTA STREET</b> |  |
| CITY-ST-ZIP    | <b>BURBANK, CA 91521</b>            |  |
| TITLE          | <b>SD</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>REED, MARSHA L.</b>              |  |
| STREET ADDRESS | <b>500 SOUTH BUENA VISTA STREET</b> |  |
| CITY-ST-ZIP    | <b>BURBANK, CA 91521</b>            |  |
| TITLE          | <b>T</b>                            | <input type="checkbox"/> Delete            |
| NAME           | <b>BUETTNER, ANNE L.</b>            |  |
| STREET ADDRESS | <b>500 SOUTH BUENA VISTA STREET</b> |  |
| CITY-ST-ZIP    | <b>BURBANK, CA 91521</b>            |  |
| TITLE          | <b>D</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>LITVACK, SANFORD M.</b>          |  |
| STREET ADDRESS | <b>500 SOUTH BUENA VISTA STREET</b> |  |
| CITY-ST-ZIP    | <b>BURBANK, CA 91521</b>            |  |
| TITLE          | <b>AT</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>HANFORD, JAMES D.</b>            |  |
| STREET ADDRESS | <b>500 SOUTH BUENA VISTA STREET</b> |  |
| CITY-ST-ZIP    | <b>BURBANK, CA 91521</b>            |  |
| TITLE          |                                     | <input type="checkbox"/> Delete            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |

|                |                                     |  |
|----------------|-------------------------------------|--|
| TITLE          | <b>PD</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>PRESSLER, PAUL S.</b>            |  |
| STREET ADDRESS | <b>500 SOUTH BUENA VISTA STREET</b> |  |
| CITY-ST-ZIP    | <b>BURBANK, CA 91521</b>            |  |
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| TITLE          | <b>VASD</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>THOMPSON, DAVID K.</b>           |  |
| STREET ADDRESS | <b>500 SOUTH BUENA VISTA STREET</b> |  |
| CITY-ST-ZIP    | <b>BURBANK, CA 91521</b>            |  |

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**MARSHA L. REED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(818) 560-1000**

Daytime Phone #

CR2E034 (11/00)