

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023097

1. Entity Name

MAGIC KINGDOM PRODUCTIONS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90027 006 ***150.00

Principal Place of Business

1675 BUENA VISTA DRIVE
STE 505
LAKE BUENA VISTA FL 32830

Mailing Address

500 S BUENA VISTA ST
BURBANK CA 91521-0001

2. Principal Place of Business

3. Mailing Address

500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BURBANK, CA

4. FEI Number

59-3513507

Applied For

Not Applicable

Zip

Country

Zip

91521-0586

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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, 2000 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	SD	<input type="checkbox"/> Delete
NAME	REED, MARSHA L	
STREET ADDRESS	500 S BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DAVID K	
STREET ADDRESS	500 S BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BAMBERGER, ANDREW F	
STREET ADDRESS	1675 BUENA VISTA DR., STE 500	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUETTNER, ANNE L	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANTANIELLO, JOSEPH M	
STREET ADDRESS	500 S BUENA VISTA ST.	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HANFORD, JAMES D	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA 91521	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Daytime Phone #

(818) 560-1000

CR2E034 (9/99)