

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023097

FILED
Apr 19, 2005
Secretary of State

Entity Name: MAGIC KINGDOM PRODUCTIONS, INC.

Current Principal Place of Business:

1675 BUENA VISTA DRIVE
SUITE 505
LAKE BUENA VISTA, FL 32830

New Principal Place of Business:

Current Mailing Address:

500 S BUENA VISTA ST
BURBANK, CA 915210586

New Mailing Address:

FEI Number: 59-3513507

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

Title: PD () Delete
Name: SANTANIELLO, JOSEPH M
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

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:

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

04/19/2005

Electronic Signature of Signing Officer or Director

Date