


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

0554278

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90213 044 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # S13764**

1. Corporation Name

**DISNEY VACATION DEVELOPMENT, INC.**

Principal Place of Business

**200 CELEBRATION PLACE**  
**CELEBRATION FL 34747-4600**  
**US**

Mailing Address

**500 SOUTH BUEN VISTA STREET**  
**BURBANK CA 91521-0586**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 <b>500 SOUTH BUENA VISTA STREET</b>		11/20/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3039587	
City & State		City & State		Applied For	
23		28 <b>BURBANK, CA</b>		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29 <b>91521-0586</b>		30 <b>US</b>	
Country		Country		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30 <b>US</b>		Trust Fund Contribution	
26		31		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**IOPPOLO, FRANK S.**  
**1375 BUENA VISTA DR**  
**4TH FL N**  
**LAKE BUENA VISTA FL 32830**

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISS, ALLEN R</b>	1.2 NAME	
STREET ADDRESS	<b>200 CELEBRATION PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CELEBRATION FL 34747</b>	1.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, MARSHA L</b>	2.2 NAME	
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATHEDER, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>1375 BUENA VISTA DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL 32830</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITVACK, SANFORD M</b>	4.2 NAME	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUETTNER, ANNE L</b>	5.2 NAME	
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBBS, II, M.T.</b>	6.2 NAME	
STREET ADDRESS	<b>200 CELEBRATION PLACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CELEBRATION FL 34747</b>	6.4 CITY-ST-ZIP	
		VT	
		<b>GIBBS II, MATTHEW T.</b>	
		<b>200 CELEBRATION PLACE</b>	
		<b>CELEBRATION, FL 34747</b>	

14. 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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(818) 560-1000

Daytime Phone #

CR2E034 (11/98)