

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90133 033 ***150.00

DOCUMENT # S80692

1. Entity Name
CELEBRATION INSTITUTE, INC.

Principal Place of Business

1375 BUENA VISTA DR.
 4TH FLOOR. N.
 LAKE BUENA VISTA FL 32830
 US

Mailing Address

500 SOUTH BUENA VISTA STREET
 BURBANK CA 91521-0001
 US

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

59-3125100

Applied For

Not Applicable

Zip

Country

Zip

Country

91521-0586

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 DR.
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32880

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 **S** Delete
 NAME **PITT, LAWRENCE B**
 STREET ADDRESS **1375 BUENA VISTA DR**
 CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LITVACK, SANFORD M.**
 STREET ADDRESS **500 S. BUENA VISTA ST.**
 CITY-ST-ZIP **BURBANK CA 91521**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **SHINN, ROBERT L**
 STREET ADDRESS **200 CELEBRATION PLACE**
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **P** Change Addition
 NAME **READER, PERRY J.**
 STREET ADDRESS **610 SYCAMORE STREET, SUITE 310**
 CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE **ASD** Delete
 NAME **REED, MARSHA L.**
 STREET ADDRESS **500 S BUENA VISTA STREET**
 CITY-ST-ZIP **BURBANK CA 91521**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **OUMET, MATTHEW A**
 STREET ADDRESS **1375 BUENA VISTA DR.**
 CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE **AT** Change Addition
 NAME **BUETTNER, ANNE L.**
 STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
 CITY-ST-ZIP **BURBANK, CA 91521**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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

4/24/00

(818) 560-1000

Daytime Phone #

CR2E034 (9/99)