

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # S80692**1. Entity Name  
CELEBRATION INSTITUTE, INC.Principal Place of Business  
1375 BUENA VISTA DR.  
4TH FLOOR, N.  
LAKE BUENA VISTA  
32830 US FL  
Mailing Address  
500 SOUTH BUENA VISTA STREET  
BURBANK  
915210586 US CA

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**59-3125100**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**IOPPOLO, FRANK S.  
1375 BUENA VISTA DR.  
4TH FLOOR NORTH  
LAKE BUENA VISTA  
32380 FL**7. Name and Address of New Registered Agent**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 \_\_\_\_\_ **04/17/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**TITLE P ☐ Delete  
NAME READER PERRY J  
STREET ADDRESS 610 SYCAMORE ST SUITE 310  
CITY-ST-ZIP CELEBRATION FL 34747TITLE ASD ☐ Delete  
NAME REED MARSHA L.  
STREET ADDRESS 500 S BUENA VISTA STREET  
CITY-ST-ZIP BURBANK CA 91521TITLE D ☐ Delete  
NAME LITVACK, SANFORD M.  
STREET ADDRESS 500 S. BUENA VISTA ST.  
CITY-ST-ZIP BURBANK CA 91521TITLE AT ☐ Delete  
NAME BUETTNER ANNE L  
STREET ADDRESS 500 S BUENA VISTA ST  
CITY-ST-ZIP BURBANK CA 91521TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SD ☒ Change ☐ Addition  
NAME REED MARSHA L.  
STREET ADDRESS 500 S BUENA VISTA STREET  
CITY-ST-ZIP BURBANK CA 91521TITLE D ☒ Change ☐ Addition  
NAME THOMPSON DAVID K  
STREET ADDRESS 500 S. BUENA VISTA ST.  
CITY-ST-ZIP BURBANK CA 91521TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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**

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04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)