

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V40132 (5)

1. Corporation Name

Magnolia Creek Development Company

Principal Place of Business

Mailing Address

**1375 Buena Vista Dr.
4th Floor North
Lake Buena Vista, FL 32830**

**500 S. Buena Vista St.
Burbank, CA 91521-0586**

3. Date Incorporated or Qualified
5/28/92

3a. Date of Last Report
4/18/96

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3127937

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Frank S. Ioppolo
1375 Buena Vista Dr.
4th Floor North
Lake Buena Vista, FL 32830**

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, typewritten 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	S	<input type="checkbox"/> DELETE
NAME	Thomas M. Katheder	
STREET ADDRESS	1375 Buena Vista Dr.	
CITY-ST-ZIP	Lake Buena Vista, FL 32830	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	Marsha L. Reed	
STREET ADDRESS	500 S. Buena Vista Dr.	
CITY-ST-ZIP	Burbank, CA 91521	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Sanford M. Litvack	
STREET ADDRESS	500 S. Buena Vista St.	
CITY-ST-ZIP	Burbank, CA 91521	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	Anne L. Buettner	
STREET ADDRESS	500 S. Buena Vista St.	
CITY-ST-ZIP	Burbank, CA 91521	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Mitchell C. Hill	
STREET ADDRESS	1401 Flower St.	
CITY-ST-ZIP	Glendale, CA 91221	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Robert L. Shinn	
STREET ADDRESS	200 Celebration Place	
CITY-ST-ZIP	Celebration, FL 34747	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****165.00**

14. I do 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.

SIGNATURE: Marsha L. Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(818) 560-1000

Date

Daytime Phone #

CR2E034 (9/96)