FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V65658** **(9)**

1. Corporation Name

THE LITTLE LAKE BRYAN COMPANY

Principal Place of Business	Mailing Address
1375 BUENA VISTA DR 4 FLR N LAKE BUENA VISTA FL 32830 US	500 SOUTH BUENA VISTA STREET BURBANK CA 91521-0340 US

3. Date Incorporated or Qualified: 09/22/1992
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business	2a. Mailing Address
21 200 CELEBRATION PLACE	26 500 SOUTH BUENA VISTA STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CELEBRATION, FL	City & State 28 BURBANK, CA
Zip / Country 24 34747 / 25 USA	Zip / Country 29 91521-0586 / 30 USA

4. FEI Number: 59-3142782 ☐ 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 XX No

9. Name and Address of Current Registered Agent

IOPPOLO, FRANK S.
1375 BUENA VISTA DR.
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32380

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LITVACK, SANFORD M.		1.2 NAME		
STREET ADDRESS	500 S.BUENA VISTA ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUMMELL, PETER S.		2.2 NAME		
STREET ADDRESS	500 S.BUENA VISTA ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PITT, LAWRENCE B.		3.2 NAME		
STREET ADDRESS	1375 BUENA VISTA DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUENA VISTA FL		3.4 CITY-ST-ZIP		
TITLE	T	XX DELETE	4.1 TITLE	T	☐ Change XX Addition
NAME	OUIMET, MATTHEW A		4.2 NAME	HILL, MITCHELL C.	
STREET ADDRESS	6649 WESTWOOD BLVD #300		4.3 STREET ADDRESS	200 CELEBRATION PLACE	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE	ASD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	REED, MARSHA L		5.2 NAME		
STREET ADDRESS	500 S BUENA VISTA		5.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 4/16/96 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)