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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

200 CELEBRATION PLACE
4 FLR N
CELEBRATION FL 91521-0586
US

Mailing Address

500 SOUTH BUENA VISTA ST
BURBANK CA 91521-0001
US



2. Principal Place of Business

21 200 Celebration Place
Suite, Apt. #, etc.

22 City & State

23 Celebration, FL

Zip

24 34747

Country

25 USA

2a. Mailing Address

26 500 S. Buena Vista Street
Suite, Apt. #, etc.

27 City & State

28 Burbank, CA

Zip

29 91521-0586

Country

30 USA

3. Date Incorporated or Qualified

08/22/1992

3a. Date of Last Report

05/01/1996

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 ☒ 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE PD ☒ DELETE
NAME RUMMELL, PETER S.
STREET ADDRESS 500 S.BUENA VISTA ST.
CITY - ST - ZIP BURBANK CA

TITLE S ☐ DELETE
NAME PITT, LAWRENCE B.
STREET ADDRESS 1375 BUENA VISTA DR
CITY - ST - ZIP LAKE BUENA VISTA FL

TITLE T ☐ DELETE
NAME MITCHELL C.
STREET ADDRESS 200 CELEBRATION PLACE
CITY - ST - ZIP CELEBRATION FL

TITLE ASD ☐ DELETE
NAME REED, MARSHA L
STREET ADDRESS 500 S BUENA VISTA
CITY - ST - ZIP BURBANK CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 91521

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME P
2.3 STREET ADDRESS Robert L. Shinn
2.4 CITY - ST - ZIP 200 Celebration Place
Celebration, FL 34747

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME AS
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP 32830

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME T
4.3 STREET ADDRESS Matt Kelly
4.4 CITY - ST - ZIP 200 Celebration Place
Celebration, FL 34747

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME SD
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP 91521

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME AT
6.3 STREET ADDRESS Anne L. Buettner
6.4 CITY - ST - ZIP 500 S. Buena Vista St.
Burbank, CA 91521

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 Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(818) 560-1000

CR2E034 (9/96)