

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V65658** (9)  
1. Corporation Name  
**THE LITTLE LAKE BRYAN COMPANY**

Principal Place of Business  
**200 CELEBRATION PLACE  
CELEBRATION FL 91521-0586  
US**

Mailing Address  
**500 SOUTH BUENA VISTA ST  
BURBANK CA 91521-0586  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>200 Celebration Place</b> Suite, Apt. #, etc. 22 City & State 23 <b>Celebration, FL</b> Zip 24 <b>34747</b> Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>09/22/1992</b>	4. FEI Number <b>59-3142782</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	---	--	--	---	---	---	--

9. Name and Address of Current Registered Agent <b>IOPPOLO, FRANK S. 1375 BUENA VISTA DR. 4TH FLOOR NORTH LAKE BUENA VISTA FL 32380</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LITVACK, SANFORD M.</b>	1.2 NAME	
STREET ADDRESS	<b>600 S.BUENA VISTA ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	1.4 CITY-ST-ZIP	<b>91521</b>
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHINN, ROBERT L</b>	2.2 NAME	
STREET ADDRESS	<b>200 CELEBRATION PL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CELEBRATION FL</b>	2.4 CITY-ST-ZIP	<b>34747</b>
TITLE	<b>AS</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PITT, LAWRENCE B.</b>	3.2 NAME	
STREET ADDRESS	<b>1375 BUENA VISTA DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>	3.4 CITY-ST-ZIP	<b>32830</b>
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KELLY, MATT</b>	4.2 NAME	
STREET ADDRESS	<b>200 CELEBRATION PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CELEBRATION FL</b>	4.4 CITY-ST-ZIP	<b>34747</b>
TITLE	<b>SD</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REED, MARSHA L</b>	5.2 NAME	
STREET ADDRESS	<b>600 S BUENA VISTA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	5.4 CITY-ST-ZIP	<b>91521</b>
TITLE	<b>AT</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUETTNER, ANNE L</b>	6.2 NAME	
STREET ADDRESS	<b>600 S BUENA VISTA ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	6.4 CITY-ST-ZIP	<b>91521</b>

14. 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 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 \_\_\_\_\_

CP2E034 (10/97)