

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 # **V69224** (6)

1. Corporation Name
WALT DISNEY FEATURE ANIMATION FLORIDA, INC.



Principal Place of Business: 1375 BUENA VISTA DR, 4TH FLOOR-N, LAKE BUENA VISTA FL 32830 US
Mailing Address: 500 S. BUENA VISTA ST., BURBANK CA 91521-0940 US

3. Date Incorporated or Qualified: 10/07/1992
3a. Date of Last Report: 04/27/1995

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

4. FEI Number: 59-3145454
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 DRIVE, 4TH FLOOR NORTH, LAKE BUENA VISTA FL 32380
10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, B5 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	D <input checked="" type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, HELENE	12 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	13 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M.	22 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	23 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	24 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L.	32 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	33 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	34 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, PETER	42 NAME	
STREET ADDRESS	1420 FLOWER ST	43 STREET ADDRESS	500 S. BUENA VISTA ST.
CITY-ST-ZIP	GLENDALE CA	44 CITY-ST-ZIP	BURBANK, CA 91521
TITLE	T <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGURK, CHRISTOPHER J.	52 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	53 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), 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 *Marsha L. Reed* 4/18/96 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)