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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90075 041 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V69224**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1375 BUENA VISTA DR  
 4TH FLOOR-N  
 LAKE BUENA VISTA FL 32830  
 US**

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

3. Date Incorporated or Qualified  
**10/07/1992**

4. FEI Number  
**59-3145454**

5. Certificate of Status Desired  Applied For  
 Not Applicable  
**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D LTVACK, SANFORD M.</b>	1.2 NAME	
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DS REED, MARSHA L.</b>	2.2 NAME	
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD SCHNEIDER, PETER</b>	3.2 NAME	
STREET ADDRESS	<b>500 S. BUENA VISTA ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T BUETTNER, ANNE L</b>	4.2 NAME	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA 91521</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>AT HANFORD, JAMES D.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>500 SOUTH BUENA VISTA STREET</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>BURBANK, CA 91521</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **MARSHA L. REED** *Marsha L. Reed* 4/21/99 (818) 560-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)