

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # V70257
 1. Corporation Name:
Buena Vista Trading Company

Principal Place of Business: Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 **1375 Buena Vista Drive**
 Suite, Apt. #, etc

2a. Mailing Address: 26 **500 South Buena Vista St.**
 Suite, Apt. #, etc

22 **4th Floor North**
 City & State

27 **Burbank, CA**
 City & State

23 **Lake Buena Vista, FL**
 Zip

28 **Burbank, CA**
 Country

24 **32830** 25 **USA** 29 **91521-0586** 30 **USA**

3. Date Incorporated or Qualified: **10/12/92**

4. FEI Number: **59-3145676** 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent

Ioppolo, Frank S.
1375 Buena Vista Drive
4th Floor North
Lake Buena Vista, FL 32830

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: _____ (Not Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Weiss, Allen R.	
STREET ADDRESS	200 Celebration Place	
CITY-STATE-ZIP	Celebration, FL 34747	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Meitzer Flamm, Ilse S.	
STREET ADDRESS	1375 Buena Vista Drive, 4th Floor North	
CITY-STATE-ZIP	Lake Buena Vista, FL 32830	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Gibbs II, Matthew T.	
STREET ADDRESS	200 Celebration Place	
CITY-STATE-ZIP	Celebration, FL 34747	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Litvack, Sanford M.	
STREET ADDRESS	500 S. Buena Vista Street	
CITY-STATE-ZIP	Burbank, CA 91521	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Reed, Marsha L.	
STREET ADDRESS	500 S. Buena Vista Street	
CITY-STATE-ZIP	Burbank, CA 91521	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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*****150.00**

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 included 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* 4-18-98 (818) 560-1000

Date: _____ Day: _____

CR2E034 (10/97)