

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000030039

**Entity Name:** KEYSTONE PAYING AGENT, INC.

**Current Principal Place of Business:**

1180 CELEBRATION BOULEVARD  
SUITE 201  
CELEBRATION, FL 34747

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**0998838921CC**

**Current Mailing Address:**

500 S BUENA VISTA ST  
BURBANK, CA 91521-0105

**FEI Number: 04-3655668**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GIACALONE, MARGARET C  
1375 EAST BUENA VISTA DR  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ASST. SECRETARY  
Name WILLIAMS, CARMELLA  
Address 1180 CELEBRATION BOULEVARD  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR, PRESIDENT  
Name HANSEN, GARY D  
Address 1180 CELEBRATION BOULEVARD  
City-State-Zip: CELEBRATION FL 34747

Title ASST. TREASURER  
Name BELZER, GREGORY  
Address 500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521-0105

Title TREASURER  
Name GOMEZ, CARLOS A  
Address 500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521-0105

Title DIRECTOR, SECRETARY  
Name GAVAZZI, CHAKIRA H  
Address 500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521-0105

Title ASST. SECRETARY  
Name SOLOMON, AARON H  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title VP  
Name STOWELL, JOHN A  
Address 611 NORTH BRAND BLVD  
City-State-Zip: GLENDALE CA 91203

Title ASST. SECRETARY  
Name SALAMA, MICHAEL  
Address 500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521-0105

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHAKIRA H GAVAZZI**

**SECRETARY**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name STEED, SHANNA L  
Address 500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521-0105