

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000030039

**FILED**  
**Mar 08, 2013**  
**Secretary of State**  
**CC0373256923**

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

**Current Principal Place of Business:**

1180 CELEBRATION BOULEVARD  
SUITE 201  
CELEBRATION, FL 34747

**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:**

CRAIGMILE, JEFFREY S  
1375 BUENA VISTA DRIVE  
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 SECRETARY, DIRECTOR  
Name REED, MARSHA L  
Address 500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

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

Title DIRECTOR  
Name MCGINNIS, MATTHEW L  
Address 500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title PRESIDENT  
Name KINGMAN, MARK S  
Address 1180 CELEBRATION BOULEVARD  
City-State-Zip: CELEBRATION FL 34747

Title TREASURER  
Name BUETTNER, ANNE L  
Address 500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title ASST. TREASURER  
Name HANFORD, JAMES D  
Address 500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

*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:** MARSHA L. REED

**SECRETARY**

**03/08/2013**

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

\_\_\_\_\_  
Date