

2022 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

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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 500 S BUENA VISTA ST
City-State-Zip: BURBANK CA 91521-0105

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

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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

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name STEED, SHANNA L
Address 640 PAULA AVE
City-State-Zip: GLENDALE CA 91201