

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000071529

**Entity Name:** WALT DISNEY PARKS AND RESORTS U.S., INC.

**FILED**  
**Apr 09, 2024**  
**Secretary of State**  
**0192441954CC**

**Current Principal Place of Business:**

1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830

**Current Mailing Address:**

500 S. BUENA VISTA STREET  
BURBANK, CA 91521 US

**FEI Number: 95-2412883**

**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 DIRECTOR, SENIOR VICE PRESIDENT  
Name HOPKINS, ANDREW M  
Address 1200 GRAND CENTRAL AVE  
City-State-Zip: GLENDALE CA 91201

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

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

Title ASST. TREASURER  
Name GROSSMAN, DANIEL F  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title VP  
Name DETCHEMENDY, DEANNA W  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title VP  
Name LIANG, GRACE C  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title VP  
Name STOWELL, JOHN A  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title DIRECTOR  
Name MCGOWAN, JOHN M  
Address 1375 EAST BUENA VISTA DRIVE  
City-State-Zip: LAKE BUENA VISTA FL 32830

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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**

**04/09/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SENIOR VICE PRESIDENT  
Name ZAGER, STEPHEN  
Address 1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title PRESIDENT  
Name FILIPPATOS, TASIA  
Address 3 QUEEN CAROLINE ST  
City-State-Zip: LONDON W6 9PE