

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000068651

**Entity Name:** 215 CELEBRATION PLACE, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

500 S BUENA VISTA ST  
BURBANK, CA 91521 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

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

Title AUTHORIZED MEMBER  
Name AMERICAN BROADCASTING  
COMPANIES, INC.  
Address 77 WEST 66TH ST  
City-State-Zip: NEW YORK NY 10023

Title VP  
Name SIMMONS, GARY N  
Address 3403 EAST VISTA BLVD  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title VP  
Name GROSS, GEORGE M  
Address 1375 EAST BUENA VISTA DR  
City-State-Zip: LAKE BUENA VISTA FL 32830

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

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

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

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

**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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHAKIRA H GAVAZZI

**SECRETARY**

**04/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title SENIOR VICE PRESIDENT  
Name MAZLOUM, THOMAS  
Address 210 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

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

Title ASST. SECRETARY  
Name YOUNG, LEE R  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title SENIOR VICE PRESIDENT  
Name LARSEN, TREVOR J  
Address 3401 EAST VISTA BLVD  
City-State-Zip: LAKE BUENA VISTA FL 32830

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

Title VP  
Name BECHERER, JOSEPH C  
Address 1375 E BUENA VISTA  
City-State-Zip: LAKE BUENA VISTA FL 32830