

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000888

Entity Name: DISNEY BUSINESS PRODUCTIONS, LLC**Current Principal Place of Business:**1375 BUENA VISTA DRIVE
LAKE BUENA VISTA, FL 32830**Current Mailing Address:**500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521 US**FEI Number:** 59-3635177**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIACALONE, MARGARET C
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

Authorized Person(s) Detail :

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

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

Title VP
Name JAMES, JEFFREY P
Address 215 CELEBRATION PLACE
City-State-Zip: CELEBRATION FL 34747

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

Title TREASURER
Name HEADLEY, JONATHAN S
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

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

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

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

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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 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****05/04/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED MEMBER
Name	THE CELEBRATION COMPANY
Address	700 CELEBRATION AVENUE
City-State-Zip:	CELEBRATION FL 31747