

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000888

Entity Name: DISNEY BUSINESS PRODUCTIONS, LLC**Current Principal Place of Business:**1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830**Current Mailing Address:**500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521-0105 US**FEI Number:** 59-3635177**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**Authorized Person(s) Detail :**

Title	PRESIDENT, MANAGER
Name	STAGGS, THOMAS O
Address	500 SOUTH BUENA VISTA STREET
City-State-Zip:	BURBANK CA 91521

Title	MANAGER, SENIOR VICE PRESIDENT
Name	GARFIELD, RANDY A
Address	220 CELEBRATION PLACE
City-State-Zip:	CELEBRATION FL 34747

Title	MANAGER, TREASURER
Name	STOWELL, JOHN A
Address	500 SOUTH BUENA VISTA STREET
City-State-Zip:	BURBANK CA 91521

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

Title	MANAGER, VP, SECRETARY
Name	REED, MARSHA L
Address	500 SOUTH BUENA VISTA STREET
City-State-Zip:	BURBANK CA 91521

Title	MANAGER, VP, ASST. SECRETARY
Name	SCHMUDDE, LEE
Address	1375 BUENA VISTA DRIVE
City-State-Zip:	LAKE BUENA VISTA FL 32830

Title	MANAGER, ASST. TREASURER
Name	PRIEST, HENRY C
Address	1170 CELEBRATION BLVD
City-State-Zip:	CELEBRATION FL 34747

Title	MANAGER, ASST. TREASURER
Name	SALAMA, MICHAEL
Address	500 SOUTH BUENA VISTA STREET
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 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: MARSHA L REED**SECRETARY****04/29/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

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

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

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

Title MANAGER, VP
Name WITTMAN, BRYAN C
Address 220 CELEBRATION PLACE
City-State-Zip: CELEBRATION FL 34747