Entity Name: WALT DISNEY ATTRACTIONS TECHNOLOGY LLC

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

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

DOCUMENT# M1600005847

Current Mailing Address:

500 SOUTH BUENA VISTA STREET BURBANK, CA 91521

FEI Number: 81-1521860

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

| Authonizeu i | erson(s) Detail. | | |
|-----------------|------------------------------|-----------------|---|
| Title | ASST. SECRETARY | Title | AUTHORIZED MEMBER |
| Name | SOLOMON, AARON H | Name | DISNEY WORLDWIDE SERVICES, INC. |
| Address | 1170 CELEBRATION BLVD | Address | 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH |
| City-State-Zip: | CELEBRATION FL 34747 | City-State-Zip: | LAKE BUENA VISTA FL 32830 |
| Title | ASST. TREASURER | Title | PRESIDENT |
| Name | BELZER, GREGORY | Name | VAHLE, JEFFREY N |
| Address | 500 SOUTH BUENA VISTA STREET | Address | 3401 EAST VISTA BLVD |
| City-State-Zip: | BURBANK CA 91521 | | |
| | | City-State-Zip: | LAKE BUENA VISTA FL 32830 |
| Title | SENIOR VICE PRESIDENT | Title | TREASURER |
| Name | STOWELL, JOHN A | Name | HEADLEY, JONATHAN S |
| Address | 611 NORTH BRAND BLVD | Address | 500 SOUTH BUENA VISTA STREET |
| City-State-Zip: | GLENDALE CA 91203 | City-State-Zip: | BURBANK CA 91521 |
| Title | SECRETARY | Title | ASST. SECRETARY |
| Name | REED, MARSHA L | Name | SALAMA, MICHAEL |
| Address | 500 SOUTH BUENA VISTA STREET | Address | 500 SOUTH BUENA VISTA STREET |
| City-State-Zip: | BURBANK CA 91521 | City-State-Zip: | BURBANK CA 91521 |
| - | | ony orace-zip. | DONDANIC OA DIGZI |

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: MARSHA L REED | SECRETARY | 04/27/2018 |
|--------------------------|-----------|------------|
| | | |

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 27, 2018 Secretary of State CC6780489614

Date

Date

Authorized Person(s) Detail Continued :

| ASST. SECRETARY | | |
|------------------------------|--|--|
| STEED, SHANNA L | | |
| 500 SOUTH BUENA VISTA STREET | | |
| BURBANK CA 91521 | | |
| | | |