

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000010990

Entity Name: DISNEY CONTENT SALES LLC**Current Principal Place of Business:**500 S BUENA VISTA ST
BURBANK, CA 91521**Current Mailing Address:**500 S BUENA VISTA ST
BURBANK, CA 91521**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
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 AUTHORIZED MEMBER
Name DISNEY ENTERPRISES, INC.
Address 500 S BUENA VISTA ST
City-State-Zip: BURBANK CA 91521

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

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

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

Title SENIOR VICE PRESIDENT
Name LEBAS, LORI B
Address 383 MIDDLE ST
City-State-Zip: BRISTOL CT 06010

Title SENIOR VICE PRESIDENT
Name ZASOWSKI, JAMES M
Address 77 W 66TH ST
City-State-Zip: NEW YORK NY 10023

Title EXECUTIVE VICE PRESIDENT
Name BREEN, SEAN T
Address 383 MIDDLE ST
City-State-Zip: BRISTOL CT 06010

Title VP
Name STOWELL, JOHN A
Address 500 S BUENA VISTA ST
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****04/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP, ASST. SECRETARY
Name KAPENSTEIN, JAMES M
Address 500 S BUENA VISTA ST
City-State-Zip: BURBANK CA 91521

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