## 2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001827

Entity Name: WALT DISNEY PICTURES, INC.

### **Current Principal Place of Business:**

500 SOUTH BUENA VISTA STREET BURBANK, CA 91521

## **Current Mailing Address:**

500 SOUTH BUENA VISTA STREET BURBANK, CA 91521-0105 US

# FEI Number: 95-3834209

#### 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

## Officer/Director Detail :

| Title           | SECRETARY, DIRECTOR          | Title           | TREASURER                    |
|-----------------|------------------------------|-----------------|------------------------------|
| Name            | GAVAZZI, CHAKIRA H           | Name            | GOMEZ, CARLOS A              |
| Address         | 500 SOUTH BUENA VISTA STREET | Address         | 500 SOUTH BUENA VISTA STREET |
| City-State-Zip: | BURBANK CA 91521             | City-State-Zip: | BURBANK CA 91521             |
| Title           | PRESIDENT                    | Title           | DIRECTOR                     |
| Name            | MILLER, JEFFREY S            | Name            | OLSON, PAIGE W               |
| Address         | 500 SOUTH BUENA VISTA STREET | Address         | 500 SOUTH BUENA VISTA STREET |
| City-State-Zip: | BURBANK CA 91521             | City-State-Zip: | BURBANK CA 91521             |
| Title           | DIRECTOR                     |                 |                              |
| Name            | STEINKE, PAUL D              |                 |                              |
| Address         | 500 SOUTH BUENA VISTA STREET |                 |                              |
| City-State-Zip: | BURBANK CA 91521             |                 |                              |

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAKIRA H GAVAZZI

SECRETARY

04/26/2022

Date

Electronic Signature of Signing Officer/Director Detail

Date