

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V40132 (5)**  
 1. Corporation Name  
**Magnolia Creek Development Company**

Principal Place of Business <b>1375 Buena Vista Dr.                  4th Floor North                  Lake Buena Vista, FL 32830</b>	Mailing Address <b>500 S. Buena Vista St.                  Burbank, CA 91521-0586</b>
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3. Date Incorporated or Qualified <b>5/28/92</b>	3a. Date of Last Report <b>4/18/96</b>
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2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-3127937</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Frank S. Ioppolo  
 1375 Buena Vista Dr.  
 4th Floor North  
 Lake Buena Vista, FL 32830**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thomas M. Katheder</b>	1.2 NAME	
STREET ADDRESS	<b>1375 Buena Vista Dr.</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>Lake Buena Vista, FL 32830</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ASD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Marsha L. Reed</b>	2.2 NAME	
STREET ADDRESS	<b>500 S. Buena Vista Dr.</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>Burbank, CA 91521</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sanford M. Litvack</b>	3.2 NAME	
STREET ADDRESS	<b>500 S. Buena Vista St.</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>Burbank, CA 91521</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Anne L. Buettner</b>	4.2 NAME	
STREET ADDRESS	<b>500 S. Buena Vista St.</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>Burbank, CA 91521</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mitchell C. Hill</b>	5.2 NAME	
STREET ADDRESS	<b>1401 Flower St.</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>Glendale, CA 91221</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert L. Shinn</b>	6.2 NAME	
STREET ADDRESS	<b>200 Celebration Place</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>Celebration, FL 34747</b>	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Marsha L. Reed**  (818) 560-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)