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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90267 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V40132** ✓OK
 1. Corporation Name

MAGNOLIA CREEK DEVELOPMENT COMPANY

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/28/92

2. Principal Place of Business 2a. Mailing Address
21 1375 BUENA VISTA DRIVE **26 500 SOUTH BUENA VISTA STREET**

4. FEI Number **59-3127937** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 4TH FLOOR NORTH **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 LAKE BUENA VISTA STREET, FL **28 BURBANK, CA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 32830 **25 USA** **29 91521-0586** **30 USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
IOPPOLO, FRANK S.
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SHINN, ROBERT L.
STREET ADDRESS	200 CELEBRATION PLACE
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	S <input type="checkbox"/> DELETE
NAME	KATHEDER, THOMAS M.
STREET ADDRESS	1375 BUENA VISTA DRIVE
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830
TITLE	T <input type="checkbox"/> DELETE
NAME	HILL, MITCHELL C.
STREET ADDRESS	1401 FLOWER STREET
CITY-ST-ZIP	GLENDALE, CA 91221
TITLE	D <input type="checkbox"/> DELETE
NAME	LITVACK, SANFORD M.
STREET ADDRESS	500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP	BURBANK, CA 91521
TITLE	ASD <input type="checkbox"/> DELETE
NAME	REED, MARSHA L.
STREET ADDRESS	500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP	BURBANK, CA 91521
TITLE	AT <input type="checkbox"/> DELETE
NAME	BUETTNER, ANNE L.
STREET ADDRESS	500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP	BURBANK, CA 91521

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: MARSHA L. REED *Marsha L. Reed* 4-16-99 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)