

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
and Public Management
in relation to State
Corporations (F.S. 607, 608, 609)

APPROVED
AND
FILED

95 MAY 11 AM 10:26

DOCUMENT # **P20249** (9)

UNITED ARTISTS PROPERTIES I CORP.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office in Florida		2a. Mailed Address		3a. Date of Incorporation or Qualification		3b. Date of Last Report	
9110 E. NICHOLS AVE FIRST FLOOR ENGLEWOOD CO 80112		9110 E. NICHOLS AVE FIRST FLOOR ENGLEWOOD CO 80112		07/28/1988		05/01/1994	
2. Principal Office in Other Jurisdiction	2b. Mailed Address	4. FEI Number		5. Certificate of Status Desired		Additional Fee Required	
21	26	84-1093560		<input type="checkbox"/> \$8.75		<input type="checkbox"/> \$5.00	
22. State of Incorporation		27. State of Address		6. Election Campaign Financing		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
23		28		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. City		25. State		29. City		30. State	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

11. Pursuant to the provisions of Sections 607.02(2) and 607.1505, 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, but no 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 a registered agent under Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	NAME AND ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	WARZEL, PETER C. 9110 E. NICHOLS AVE. ENGLEWOOD CO		
OFFICER	NAME AND ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TVD	HALL, KURT C. 9110 E. NICHOLS AVE. ENGLEWOOD CO		
OFFICER	NAME AND ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	CLEVELAND, HAL 9110 E. NICHOLS AVE. ENGLEWOOD CO		
OFFICER	NAME AND ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CD	BLAIR, STEWART D. 9110 E. NICHOLS AVE. ENGLEWOOD CO		
OFFICER	NAME AND ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	KOETS, STEVEN J. 9110 E. NICHOLS AVE. ENGLEWOOD CO		
OFFICER	NAME AND ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VS	HARDY, RALPH E. 9110 E. NICHOLS AVE. ENGLEWOOD CO		

14. I hereby certify that the information supplied with this report is voluntarily furnished and is not equally for the exceptions listed in Sections 607.02(2) Florida Statutes. Further, I certify that the information related to the 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 registered agent or broker authorized to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached addendum.

SIGNATURE: STEVEN J. KOETS
DATE: 4/27/95
303/792-3600