

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P20249** (9)

1. Corporation Name
UNITED ARTISTS PROPERTIES I CORP.



Principal Place of Business: **9110 E. NICHOLS AVE. FIRST FLOOR ENGLEWOOD CO 80112**
Mailing Address: **9110 E. NICHOLS AVE. FIRST FLOOR ENGLEWOOD CO 80112**

3. Date Incorporated or Qualified: **07/28/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **84-1093560**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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: _____ (NOT: Registered Agent's name required when filing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WARZEL, PETER C.	
STREET ADDRESS	9110 E. NICHOLS AVE.	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	HALL, KURT C.	
STREET ADDRESS	9110 E. NICHOLS AVE.	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLEVELAND, HAL	
STREET ADDRESS	9110 E. NICHOLS AVE.	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BLAIR, STEWART D.	
STREET ADDRESS	9110 E. NICHOLS AVE.	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KOETS, STEVEN J.	
STREET ADDRESS	9110 E. NICHOLS AVE.	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HARDY, RALPH E.	
STREET ADDRESS	9110 E. NICHOLS AVE.	
CITY - ST - ZIP	ENGLEWOOD CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Trent J. Carman	
1.3 STREET ADDRESS	9110 E. Nichols Ave.	
1.4 CITY - ST - ZIP	Englewood, CO 80112	
2.1 TITLE	V/D	<input checked="" 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	C/D/P	<input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Steven J. Koets
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-16-96 303-792-3600
Display Phone #

CR2E034 (12/95)