

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90037 050 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P20249**  
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9110 E. Nichols Ave. Suite, Apt. #, etc. 22 Suite 200 City & State 23 Englewood, CO Zip Country 24 80112 25		2a. Mailing Address 26 9110 E. Nichols Ave. Suite, Apt. #, etc. 27 Suite 200 City & State 28 Englewood, CO Zip Country 29 80112 30		3. Date Incorporated or Qualified <b>07/28/1988</b>	4. FEI Number <b>84-1093560</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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>THE PRENTICE HALL CORPORATION SYSTEM INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRENT J. CARMAN	1.2 NAME	
STREET ADDRESS	9110 E. NICHOLS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, KURT C.	2.2 NAME	
STREET ADDRESS	9110 E. NICHOLS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, DENNIS R.	3.2 NAME	
STREET ADDRESS	9110 E. NICHOLS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, SCOTT M	4.2 NAME	
STREET ADDRESS	767 5TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOETS, STEVEN J.	5.2 NAME	
STREET ADDRESS	9110 E. NICHOLS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, RALPH E.	6.2 NAME	
STREET ADDRESS	9110 E. NICHOLS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	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:  Steven J. Koets 1-11-99 (303) 792-3600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)