
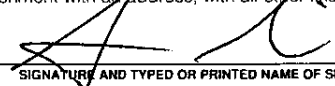


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90785 001 ***450.00

DOCUMENT # P20249			
1. Entity Name UNITED ARTISTS PROPERTIES I CORP.			
Principal Place of Business 7132 REGAL LANE KNOXVILLE TN 37918		Mailing Address 7132 REGAL LANE KNOXVILLE TN 37918	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, MICHAEL L	NAME	
STREET ADDRESS	7132 REGAL LANE	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37918	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	Vice President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, GREGORY W	NAME	
STREET ADDRESS	7132 REGAL LANE	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37918	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Vice President and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, AMY E	NAME	
STREET ADDRESS	7132 REGAL LANE	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37918	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Vice President and Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDON, PETER B	NAME	Brandon, Peter B.
STREET ADDRESS	7132 REGAL LANE	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37918	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Vice President and Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYER, JOHN F	NAME	Royer, John F.
STREET ADDRESS	7132 REGAL LANE	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37918	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, JAMES	NAME	
STREET ADDRESS	7132 REGAL LANE	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37918	CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	



MOORE CR2E034 (11/03)

4. FEI Number **84-1093560** Applied For Not Applicable

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #