


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
 84-1093560

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

1100000913323
 05/08/08 20011-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMPBELL, MICHAEL L
STREET ADDRESS	7132 REGAL LANE
CITY-ST-ZIP	KNOXVILLE, TN 37918
TITLE	VD
NAME	DUNN, GREGORY W
STREET ADDRESS	7132 REGAL LANE
CITY-ST-ZIP	KNOXVILLE, TN 37918
TITLE	VT
NAME	MILES, AMY E
STREET ADDRESS	7132 REGAL LANE
CITY-ST-ZIP	KNOXVILLE, TN 37918
TITLE	VS
NAME	BRANDOW, PETER B
STREET ADDRESS	7132 REGAL LANE
CITY-ST-ZIP	KNOXVILLE, TN 37918
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

3/24/08 865-922-1123