

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90910 001 \*\*\*300.00

NR45799 AT

DOCUMENT # **P20249**

1. Entity Name  
**UNITED ARTISTS PROPERTIES I CORP.**



Principal Place of Business  
**9110 E. NICHOLS AVE.  
SUITE 200  
ENGLEWOOD CO 80112**

Mailing Address  
**9110 E. NICHOLS AVE.  
SUITE 200  
ENGLEWOOD CO 80112**



2. Principal Place of Business  
**7132 Regal Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**7132 Regal Lane**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Knoxville TN**

City & State  
**Knoxville TN**

Zip  
**37918**

Country  
**USA**

Zip  
**37918**

Country  
**USA**

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

**THE PRENTICE HALL CORPORATION SYSTEM INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HALL, KURT C. 9110 E. NICHOLS AVE. ENGLEWOOD CO</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANSCHUTZ, PHILIP 555 17TH ST., STE 2400 DENVER CO 80202</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LILLER, DEBBIE S 9110 E. NICHOLS AVE. ENGLEWOOD CO 80112</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS HARDY, RALPH E. 9110 E. NICHOLS AVE. ENGLEWOOD CO</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Michael L. Campbell 7132 Regal Lane Knoxville TN 37918</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Gregory W. Dunn 7132 Regal Ln Knoxville TN 37918</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Amy E. Miles 7132 Regal Ln Knoxville TN 37918</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Peter B. Brandow 7132 Regal Ln Knoxville TN 37918</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V John F. Roper 7132 Regal Ln Knoxville TN 37918</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V James Kennedy 7132 Regal Ln Knoxville TN 37918</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **JAMES KENNEDY, VICE PRES.** **4-24-03 865-925 9644**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)