

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000071

1. Entity Name
3 THEATRES, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90052 046 ***150.00

Principal Place of Business Mailing Address
C/O ENTERTAINMENT PROPERTIES TRUST C/O ENTERTAINMENT PROPERTIES TRUST
30 PERSHING ROAD, SUITE 201 30 PERSHING ROAD, SUITE 201
KANSAS CITY MO 64108 KANSAS CITY MO 64108

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 48-1873339

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME BRAIN, DAVID M
STREET ADDRESS 30 PERSHING ROAD, SUITE 201
CITY-ST-ZIP KANSAS CITY MO 64108 ☐ Delete

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VS
NAME SILVERS, GREGORY K
STREET ADDRESS 30 PERSHING ROAD, SUITE 201
CITY-ST-ZIP KANSAS CITY MO 64108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME OLSON, JIM
STREET ADDRESS 8012 STATE LINE ROAD, SUITE 208
CITY-ST-ZIP SHAWNEE MISSION KS 66208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME KENNON, FRED L
STREET ADDRESS 30 PERSHING ROAD, SUITE 201
CITY-ST-ZIP KANSAS CITY MO 64108 ☐ Delete

TITLE VT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP, CFO, Treasurer & Controller 2/5/01 816-47-1700

CR2E034 (10/00)