

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000071

Entity Name: 3 THEATRES, INC.

FILED  
Jan 05, 2004  
Secretary of State

## Current Principal Place of Business:

C/O ENTERTAINMENT PROPERTIES TRUST  
30 PERSHING ROAD, SUITE 201  
KANSAS CITY, MO 64108

## New Principal Place of Business:

## Current Mailing Address:

C/O ENTERTAINMENT PROPERTIES TRUST  
30 PERSHING ROAD, SUITE 201  
KANSAS CITY, MO 64108

## New Mailing Address:

FEI Number: 48-1873339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRAIN, DAVID M  
Address: 30 PERSHING ROAD, SUITE 201  
City-St-Zip: KANSAS CITY, MO 64108

Title: VS ( ) Delete  
Name: SILVERS, GREGORY K  
Address: 30 PERSHING ROAD, SUITE 201  
City-St-Zip: KANSAS CITY, MO 64108

Title: D ( ) Delete  
Name: OLSON, JIM  
Address: 8012 STATE LINE ROAD, SUITE 206  
City-St-Zip: SHAWNEE MISSION, KS 66208

Title: VT ( ) Delete  
Name: KENNON, FRED L  
Address: 30 PERSHING ROAD, SUITE 201  
City-St-Zip: KANSAS CITY, MO 64108

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY K. SILVERS

VS

01/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date