

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20249

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

**Current Principal Place of Business:**

101 E. BLOUNT AVENUE  
KNOXVILLE, TN 37920

**Current Mailing Address:**

101 E. BLOUNT AVENUE  
KNOXVILLE, TN 37920 US

**FEI Number: 84-1093560**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            COHEN, NISAN  
Address        101 E. BLOUNT AVENUE  
City-State-Zip: KNOXVILLE TN 37920

Title            SVP, CFO, TREASURER, DIRECTOR  
Name            SOUDRY, TAL  
Address        101 E. BLOUNT AVENUE  
City-State-Zip: KNOXVILLE TN 37920

Title            SECRETARY, DIRECTOR  
Name            EYRE, MATT  
Address        101 E. BLOUNT AVENUE  
City-State-Zip: KNOXVILLE TN 37920

Title            VP, ASSISTANT TREASURER  
Name            CURRY, JOHN  
Address        101 E. BLOUNT AVENUE  
City-State-Zip: KNOXVILLE TN 37920

Title            VP, ASSISTANT SECRETARY  
Name            BORUFF, TODD  
Address        101 E. BLOUNT AVENUE  
City-State-Zip: KNOXVILLE TN 37920

*I hereby 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 all other like empowered.*

**SIGNATURE: TAL SOUDRY**

**CFO**

**04/13/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date