

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **836873** (0)

1. Corporation Name  
**UNITED ARTISTS THEATRE CIRCUIT, INC.**



Principal Place of Business: **9110 E. NICHOLS AVE., STE. 200 ENGLEWOOD CO 80112**  
Mailing Address: **9110 E. NICHOLS AVE., STE. 200 ENGLEWOOD CO 80112**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	<b>08/17/1976</b>	<b>05/01/1995</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. City & State	28. City & State	<b>13-1424080</b>	Not Applicable
24. Zip	29. Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TVD</b>	1.1 TITLE	<b>VD</b>
NAME	<b>HALL, KURT CO</b>	1.2 NAME	
STREET ADDRESS	<b>9110 E NICHOLS AVE, #200</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CD</b>	2.1 TITLE	<b>CDP</b>
NAME	<b>BLAIR, STEWART D.</b>	2.2 NAME	
STREET ADDRESS	<b>9110 E NICHOLS AVE, #200</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<b>T</b>
NAME	<b>WARZEL, PETER</b>	3.2 NAME	<b>Trent J. Carman</b>
STREET ADDRESS	<b>9110 E NICHOLS AVE, #200</b>	3.3 STREET ADDRESS	<b>9110 E. Nichols Ave., #200</b>
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	3.4 CITY-ST-ZIP	<b>Englewood, CO 80112</b>
TITLE	<b>VS</b>	4.1 TITLE	
NAME	<b>HARDY, RALPH E./</b>	4.2 NAME	
STREET ADDRESS	<b>9110 E NICHOLS AVE, #200</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b>	5.1 TITLE	
NAME	<b>KOETS, STEVEN J.</b>	5.2 NAME	
STREET ADDRESS	<b>9110 E NICHOLS AVE, #200</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b>	6.1 TITLE	
NAME	<b>CLEVELAND, HAL</b>	6.2 NAME	
STREET ADDRESS	<b>9110 E NICHOLS AVENUE SUITE 200</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80112</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven J. Koets 4-16-96 303-792-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)