


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 80112-3405
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/17/1976	3a. Date of Last Report 04/24/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 13-1424080	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	30. Country	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	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	85. Zip Code
			FL

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D
NAME	HALL, KURT CO	1.2 NAME	Scott M. Shaw
STREET ADDRESS	9110 E NICHOLS AVE, #200	1.3 STREET ADDRESS	767 5th Ave.
CITY-ST-ZIP	ENGLEWOOD CO	1.4 CITY-ST-ZIP	New York, NY 10153
TITLE	CDP	2.1 TITLE	
NAME	BLAIR, STEWART D.	2.2 NAME	
STREET ADDRESS	9110 E NICHOLS AVE, #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	TRENT J. CARMAN	3.2 NAME	
STREET ADDRESS	9110 E NICHOLS AVE, #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	
NAME	HARDY, RALPH E./	4.2 NAME	
STREET ADDRESS	9110 E NICHOLS AVE, #200	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	KOETS, STEVEN J.	5.2 NAME	
STREET ADDRESS	9110 E NICHOLS AVE, #200	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	CLEVELAND, HAL	6.2 NAME	
STREET ADDRESS	9110 E NICHOLS AVENUE SUITE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80112	6.4 CITY-ST-ZIP	

14. I do 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 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 _____

CR2E034 (9/96)