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

PROFIT CORPORATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1998 DIVISION OF CORPORATIONS OR APR 21 PH 12: 29 DOCUMENT # 836873 (0)SECRIETARY OF STATE ALLAHASSEE, FLORIDA UNITED ARTISTS THEATRE CIRCUIT, INC. Principal Place of Business Mailing Address 9110 E. NICHOLS AVE., STE. 200 9110 E. NICHOLS AVE., STE. 200 ENGLEWOOD CO 80112 ENGLEWOOD CO 80112 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/17/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-1424080 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional x 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE HALL CORPORATION SYSTEM INC. 81 Name 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 105** TALLAHASSEE FL 32301 83 84 City 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** Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 13. VD DELETE PD TITLE Change Addition 1.1 TITLE HALL, KURT CO NAME 1.2 NAME 9110 E NICHOLS AVE, #200 STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD CO** CITY-ST-ZIP 1.4 DITY-ST-ZIP DELETE TITLE Change 21 TITLE ☐ Addition SHAW, SCOTT M NAME 2.2 NAME **767 5TH AVE** STREET ADDRESS 2.3 STREET ADDRESS 300002497713--1 **NEW YORK NY** CITY-ST-ZIP 2. 4 City-St-ZiP -04/23/98---01045---006 DELETE TITLE 3.1 TITLE Change Co Addition ****158.75 TRENT J. CARMAN NAME 3.2 NAME 9110 E NICHOLS AVE, #200 STREET ADDRESS 3.3 STREET ADDRESS **ENGLEWOOD CO** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition HARDY, RALPH E./ NAME 4. 2 NAME 9110 E NICHOLS AVE. #200 STREET ADDRESS 4.3 STREET ADDRESS **ENGLEWOOD CO** CITY+ST-Z#P 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition KOETS, STEVEN J. NAME 5.2 NAME 9110 E NICHOLS AVE, #200 STREET ADDRESS 5.3 STREET ADDRESS **ENGLEWOOD CO** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE CLEVELAND, HAL NAME 6.2 NAME 9110 E NICHOLS AVENUE SUITE 200 STREET ADDRESS 6.3 STREET ADDRESS ENGLEWOOD CO 80112 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 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.