

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836873

1. Entity Name

UNITED ARTISTS THEATRE CIRCUIT, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90136 019 ***150.00

Principal Place of Business 9110 E. NICHOLS AVE., STE. 200 ENGLEWOOD CO 80112	Mailing Address 9110 E. NICHOLS AVE., STE. 200 ENGLEWOOD CO 80112-3451
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-1424080		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, KURT			NAME			
STREET ADDRESS	9110 E NICHOLS AVE, #200			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAW, SCOTT M			NAME			
STREET ADDRESS	767 5TH AVE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRENT J. CARMAN			NAME			
STREET ADDRESS	9110 E NICHOLS AVE, #200			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, RALPH E./			NAME			
STREET ADDRESS	9110 E NICHOLS AVE, #200			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOETS, STEVEN J.			NAME			
STREET ADDRESS	9110 E NICHOLS AVE, #200			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information covered.

SIGNATURE: _____ **4/21/00 (303) 792-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #