2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIG

May 03, 2004 8:00 am Secretary of State **DOCUMENT # 836873** 1. Entity Name 05-03-2004 90785 001 ***450.00 UNITED ARTISTS THEATRE CIRCUIT, INC. Principal Place of Business Mailing Address 7132 REGAL LANE 7132 REGAL LANE KNOXVILLE TN 37918 KNOXVILLE TN 37918 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 13-1424080 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. vice President and Secretary Change TITLE Delete TITLE Addition Peter B. Brandow NAME HALL, KURT NAME 9110 E NICHOLS AVE, #200 7132 Regal Lane STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD CO CITY-ST-ZIP BIPES UT AllivanN Vice President and Assistant Secretory Change Delete TITLE TITLE **√**Addition John F. Roper ANSCHUTZ, PHILIP NAME NAME fil32 Regal cone 555 17TH ST., STE 2400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DENVER CO 80202 CITY-ST-ZIP Mnoxuille, TN 37918 Director, President, and TITLE ☐ Delete TITLE Addition Chairman of the Board NAME CAMPBELL, MICHAEL L NAME STREET ADDRESS 7132 REGAL LANE STREET ADDRESS CITY-ST-ZIF KNOXVILLE TN 37918 CITY-ST-ZIP Director and Vice President TITLE ☐ Delete TITLE ☐ Addition DUNN, GREGORY W NAME NAME STREET ADDRESS 7132 REGAL LANE STREET ADDRESS KNOXVILLE TN 37918 CITY-ST-ZIP CITY-ST-ZIP Director, vice President, and TITLE ☐ Delete TITLE Change ☐ Addition MILES, AMY F Treasurer NAME NAME 7132 REGAL LANE STREET ADDRESS STREET ADDRESS KNOXVILLE TN 37918 CITY-ST-2tP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE KENNEDY, JAMES NAME NAME 7132 REGAL LANE STREET ADDRESS STREET ADDRESS KNOXVILLE TN 37918 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 eath; that I am an officer or director of the corporation or the receive for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

FILED

Date

Daytime Phone #