


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 836873	
1. Entity Name UNITED ARTISTS THEATRE CIRCUIT, INC.	

Principal Place of Business 7132 REGAL LANE KNOXVILLE, TN 37918	Mailing Address 7132 REGAL LANE KNOXVILLE, TN 37918
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01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1424080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000913321
 05/08/08-80011-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRANDON, PETER B 7132 REGAL LANE KNOXVILLE, TN 37918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COGGIN, COREY 7132 REGAL LANE KNOXVILLE, TN 37918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRCB CAMPBELL, MICHAEL L 7132 REGAL LANE KNOXVILLE, TN 37918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DUNN, GREGORY W 7132 REGAL LANE KNOXVILLE, TN 37918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MILES, AMY F 7132 REGAL LANE KNOXVILLE, TN 37918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/7/08 865-922-1123