

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000006233

1. Entity Name
REGAL CINEMEDIA CORPORATION



**FILED
Apr 10, 2006 8:00 am
Secretary of State**

04-10-2006 90301 015 ***150.00

60026333



02102006 Chg-P CR2E034 (11/05)

Principal Place of Business 9110 E. NICHOLS AVE., #200 CENTENNIAL, CO 80112		Mailing Address 9110 E. NICHOLS AVE., #200 CENTENNIAL, CO 80112	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7132 REGAL LN. Suite, Apt. #, etc.	
City & State		City & State KNOXVILLE, TN	
Zip	Country	Zip 37918	Country UNITED STATES
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HALL, KURT 9110 E. NICHOLS AVE., #200 CENTENNIAL, CO 80112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/CEO MICHAEL L. CAMPBELL 7132 REGAL LANE KNOXVILLE, TN 37918	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKS, CLIFF 122 E. 42ND ST., SUITE 511 NEW YORK, NY 10168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GREGORY DUNN 7132 REGAL LANE KNOXVILLE, TN 37918	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV HARDY, RALPH E 9110 E. NICHOLS AVE., #200 CENTENNIAL, CO 80112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/SECRETARY PETER BRANDOW 7132 REGAL LANE KNOXVILLE, TN 37918	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECFT GIESLER, DAVE 9110 E. NICHOLS AVE., #200 CENTENNIAL, CO 80112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/TREASURER AMY MILES 7132 REGAL LANE KNOXVILLE, TN 37918	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV NUTT, RAY 9110 E. NICHOLS AVE., #200 CENTENNIAL, CO 80112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCT GALLEY, TOM 9110 E. NICHOLS AVE., #200 CENTENNIAL, CO 80112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

PETER BRANDOW

3-30-06

865-922-1123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #