

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90301 015 \*\*\*150.00

**DOCUMENT # F02000006233**

1. Entity Name  
**REGAL CINEMEDIA CORPORATION**



Principal Place of Business  
**9110 E. NICHOLS AVE., #200  
CENTENNIAL, CO 80112**

Mailing Address  
**9110 E. NICHOLS AVE., #200  
CENTENNIAL, CO 80112**

**60026333**



2. Principal Place of Business

3. Mailing Address

**7132 REGAL LN.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102006 Chg-P CR2E034 (11/05)

City & State

City & State  
**KNOXVILLE, TN**

4. FEI Number  
**03-0398467**

Applied For  
Not Applicable

Zip

Country

Zip

**37918**

Country

**UNITED STATES**

5. Certificate of Status Desired ☐ **\$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**

7. Name and Address of New Registered Agent

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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOP  
HALL, KURT  
9110 E. NICHOLS AVE., #200  
CENTENNIAL, CO 80112** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MARKS, CLIFF  
122 E. 42ND ST., SUITE 511  
NEW YORK, NY 10168** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EV  
HARDY, RALPH E  
9110 E. NICHOLS AVE., #200  
CENTENNIAL, CO 80112** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ECFT  
GIESLER, DAVE  
9110 E. NICHOLS AVE., #200  
CENTENNIAL, CO 80112** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EV  
NUTT, RAY  
9110 E. NICHOLS AVE., #200  
CENTENNIAL, CO 80112** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVCT  
GALLEY, TOM  
9110 E. NICHOLS AVE., #200  
CENTENNIAL, CO 80112** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT/CEO  
MICHAEL L. CAMPBELL  
7132 REGAL LANE  
KNOXVILLE, TN 37918** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
GREGORY DUNN  
7132 REGAL LANE  
KNOXVILLE, TN 37918** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP/SECRETARY  
PETER BRANDOW  
7132 REGAL LANE  
KNOXVILLE, TN 37918** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP/TREASURER  
AMY MILES  
7132 REGAL LANE  
KNOXVILLE, TN 37918** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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**

Date

Daytime Phone #