

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F02000006233

1. Entity Name  
REGAL CINEMEDIA CORPORATION



Principal Place of Business

9110 E. NICHOLS AVE., #200  
CENTENNIAL, CO 80112

Mailing Address

7132 REGAL LN  
KNOXVILLE, TN 37918



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0398467

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 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  
PCEO  
CAMPBELL, MICHAEL L  
7132 REGAL LN  
KNOXVILLE, TN 37918

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
DUNN, GREGORY  
7132 REGAL LN  
KNOXVILLE, TN 37918

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVPS  
BRANDON, PETER  
7132 REGAL LN  
KNOXVILLE, TN 37918

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVPT  
MILES, AMY  
7132 REGAL LN  
KNOXVILLE, TN 37918

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

0000000913315  
05/08/08-80011-017 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08 965-922-1123