

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07012 (8)

1. Corporation Name

UA THEATRE AMUSEMENTS, INC.



Principal Place of Business

9110 E. NICHOLS AVE.
SUITE 200
ENGLEWOOD CO 80112
US

Mailing Address

9110 E. NICHOLS AVE.
SUITE 200
ENGLEWOOD CO 80112
US

3. Date Incorporated or Qualified

08/07/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

94-2345147

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME BLAIR, STEWART
STREET ADDRESS 9110 E. NICHOLS AVE
CITY-ST-ZIP ENGLEWOOD CO ☐ DELETE

TITLE PD
NAME WARZEL, PETER C.
STREET ADDRESS 9110 E. NICHOLS AVE.
CITY-ST-ZIP ENGLEWOOD CO ☒ DELETE

TITLE VS
NAME HARDY, RALPH E.
STREET ADDRESS 9110 E. NICHOLS AVE.
CITY-ST-ZIP ENGLEWOOD CO ☐ DELETE

TITLE V
NAME CLEVELAND, HAL
STREET ADDRESS 9110 E. NICHOLS AVE.
CITY-ST-ZIP ENGLEWOOD CO ☐ DELETE

TITLE TVD
NAME HALL, KURT C.
STREET ADDRESS 9110 E. NICHOLS AVE.
CITY-ST-ZIP ENGLEWOOD CO ☐ DELETE

TITLE V
NAME KOETS, STEVEN J.
STREET ADDRESS 9110 E. NICHOLS AVE.
CITY-ST-ZIP ENGLEWOOD CO ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D/P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

303-792-3600

Date

Daytime Phone

CR2E034 (12/95)