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Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 80112-3405  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/07/1985

3a. Date of Last Report

04/25/1996

4. FEI Number

94-2345147

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current 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 if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE T  
NAME CARMAN, TRENT J.  
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 VD  
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

11 TITLE D  
12 NAME Scott M. Shaw  
13 STREET ADDRESS 767 5th Ave.  
14 CITY-ST-ZIP New York, NY 10153 ☐ Change ☒ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Steven J. Koets

CR2E034 (9/96)