

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P19545** (3)

1. Corporation Name

LITCHFIELD THEATRES, LTD., INCORPORATED



Principal Place of Business

7132 COMMERCIAL PARK DRIVE
KNOXVILLE TN 37918
US

Mailing Address

7132 COMMERCIAL PARK DRIVE
KNOXVILLE TN 37918
US

3. Date Incorporated or Qualified 06/06/1988	3a. Date of Last Report 08/08/1995
4. FFI Number 57-0864484	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0507 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 of officer or director of corporation or registered agent

Signature of Registered Agent (signature required for filing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, MICHAEL L	
STREET ADDRESS	5301 OAK GLADE LANE	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MELTON, R N	
STREET ADDRESS	10612 EAST EMORY RD	
CITY-ST-ZIP	LUTTRELL TN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRAZER, LEWIS	
STREET ADDRESS	12129 BROOKSTON DRIVE	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SEAGRAVES, SUSAN	
STREET ADDRESS	5313 ENDICOTT RIDGE LANE	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, G. DAVID	
STREET ADDRESS	3200 POTTERY DRIVE	
CITY-ST-ZIP	MYRTLE BEACH SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Grissom	
1.3 STREET ADDRESS	Mayfair Capital 400 W. Market St #2510	
1.4 CITY-ST-ZIP	Louisville Ky 40202-3356	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William Komicka	
2.3 STREET ADDRESS	Mayfair Capital 400 W. Market St #2510	
2.4 CITY-ST-ZIP	Louisville Ky 40202-3356	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael Bellert ; Winderest Partners	
3.3 STREET ADDRESS	122 East 42nd Street 34th Floor	
3.4 CITY-ST-ZIP	New York NY 10168-0130	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jack Tyrrell ; Richland Ventures	
4.3 STREET ADDRESS	3100 West End Avenue #400	
4.4 CITY-ST-ZIP	Nashville Tn 37203	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Herbert Sanger ; Whigner, Myers + Sanger	
5.3 STREET ADDRESS	1801 Plaza Tower	
5.4 CITY-ST-ZIP		
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Philip Borack ; Tri State Theatre Service	
6.3 STREET ADDRESS	636 Northland Blvd.	
6.4 CITY-ST-ZIP	Cincinnati, Ohio 45240-5001	

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 filing 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, changed, or on an attachment with an address.

SIGNATURE:

Michael L. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

4239221123
Daytime Phone #

CR2E034 (12/95)