2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P20249

1. Entity Name

UNITED ARTISTS PROPERTIES I CORP.



FILED Apr 21, 2008 08:00 AN Secretary of State

Principal Place of Business

7132 REGAL LANE KNOXVILLE, TN 37918 Mailing Address

7132 REGAL LANE KNOXVILLE, TN 37918



DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1093560 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title t	t 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 Cam Trust Fund Co			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	***************************************	**************************************	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, MICHAEL L 7132 REGAL LANE KNOXVILLE, TN 37918		,	· · .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNN, GREGORY W 7132 REGAL LANE KNOXVILLE, TN 37918				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MILES, AMY E 7132 REGAL LANE KNOXVILLE, TN 37918			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRANDOW, PETER B 7132 REGAL LANE KNOXVILLE, TN 37918		,	IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	No. 2007		Alba per y	and our service of the service	as in the Black of Pleanary Colo sumbar with China copper
NAME STREET ADDRESS		the opposite of the second sec	ing the Section of th	e and the second of the second party of the se	

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:

3/24/08

85922-1123