

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 # **P21508 (7)**
1. Corporation Name
UNITED ARTISTS CIRCUIT FINANCING CORPORATION



Principal Place of Business 9110 E. NICHOLS AVE. SUITE 200 ENGLEWOOD CO 80112 US		Mailing Address 9110 E. NICHOLS AVE. FIRST FLOOR ENGLEWOOD CO 80112		3. Date Incorporated or Qualified 10/27/1988	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 84-1115216		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title of agent (NOTE: Registered Agent Signature required when not stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARZEL, PETER 9110 E. NICHOLS AVE. ENGLEWOOD CO <input checked="" type="checkbox"/> DELETE	1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	T Trent J. Carman 9110 E. Nichols Ave. Englewood, CO 80112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLEVELAND, HAL 9110 E. NICHOLS AVE. ENGLEWOOD CO <input type="checkbox"/> DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HARDY, RALPH E. 9110 E. NICHOLS AVE. ENGLEWOOD CO <input type="checkbox"/> DELETE	3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD HALL, KURT C 9110 E. NICHOLS AVE. ENGLEWOOD CO <input type="checkbox"/> DELETE	4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BLAIR, STEWART D. 9110 E. NICHOLS AVE. ENGLEWOOD CO <input type="checkbox"/> DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	C/D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOETS, STEVEN J. 9110 E. NICHOLS AVE. ENGLEWOOD CO <input type="checkbox"/> DELETE	6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven J. Koets 4-14-96 303-792-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)