

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 836873

**Entity Name:** UNITED ARTISTS THEATRE CIRCUIT, INC.

**Current Principal Place of Business:**

7132 REGAL LANE  
KNOXVILLE, TN 37918

**Current Mailing Address:**

7132 REGAL LANE  
KNOXVILLE, TN 37918

**FEI Number:** 13-1424080

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VS  
Name BRANDOW, PETER B  
Address 7132 REGAL LANE  
City-State-Zip: KNOXVILLE TN 37918

Title VP  
Name COGGIN, COREY  
Address 7132 REGAL LANE  
City-State-Zip: KNOXVILLE TN 37918

Title DP  
Name MILES, AMY E  
Address 7132 REGAL LANE  
City-State-Zip: KNOXVILLE TN 37918

Title DV  
Name DUNN, GREGORY W  
Address 7132 REGAL LANE  
City-State-Zip: KNOXVILLE TN 37918

Title DVT  
Name OWNBY, DAVID H  
Address 7132 REGAL LANE  
City-State-Zip: KNOXVILLE TN 37918

Title VP  
Name CURRY, JOHN  
Address 7132 REGAL LANE  
City-State-Zip: KNOXVILLE TN 37918

Title VP  
Name BORUFF, TODD  
Address 7132 REGAL LANE  
City-State-Zip: KNOXVILLE TN 37918

Title VP  
Name CURRY, JOHN  
Address 7132 REGAL LANE  
City-State-Zip: KNOXVILLE TN 37918

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** COREY COGGIN

**VICE PRESIDENT**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BORUFF, TODD  
Address 7132 REGAL LANE  
City-State-Zip: KNOXVILLE TN 37918