

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filling Period: January 1 - March 1 • Filling Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

Corporate ID No.  92874  2. Name of Corporation Hoyts Cinemas Corporation				State	Zip	
vet Address Principal Business Office		Knoxville	TN	37918		
132 Regal Lane  Business Phone No. 365-922-1123  5. State of Incorporation Delaware			on			
to the Cha	rracter of Business Conducte tres ESSES OF THE OFFIC	d in Rhode Island  ERS: ("X" BOX FOR A	TTACHMENT)   FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
resident Name Michael L. Campbell			Gregory W. Dunn			
eet Address			Street Address 7132 Regal Lane	- Louis	Zip	
132 Regal Lane	State TN	<sup>Z</sup> 37918	<sup>City</sup> Knoxville	State TN	37918	
noxville		Treasurer Name Amy E. Miles				
Peter B. Brandow Street Address			Street Address 7132 Regal Lane			
7132 Regal Lane	State	Zip 37918	City	State TN	<sup>Zip</sup> 37918	
	TN THE DIR	ECTORS: ("X" BOX FO		L IN SPACES BEFORE U	SING ATTACHMENTS	
Knoxville  8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR  Director Name  Michael L. Campbell			Gregory W. Dunn			
Street Address			Street Address 7132 Regal Lane			
7132 Regal Lane	State	Zip	сну Knoxville	State TN	37918	
Knoxville  Director Name	] TN	37918	Director Name			
			Street Address			
Street Address	State	Zip	City	State	Zip	
City			10. SHARES IS	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Per Value		
9. SHARES AUTHORIZED			the about of Shares	Class/Series	Par Value	
This information is currently of record in the Office of the Secre State. Changes require an additional filing. See Section 9 of			None None			
instruction sheet.		i,				
			authorized representative.	If the corporation is in the	e hands of a receiver or truste	
This report must be this report must be	be executed on behalf of	f the corporation by the	Under per	•	affirm that I have examined this s and statements, and that all state of the state	
File Date	140783	32		. Miles Type Name	Date	
Ву:	mn		V.P. 8	& Treasurer		
1 '	CRETARY OF STATE USE OF	NLY	Title		Form 630 Rev. (	