COMMONWEALTH OF KENTUCKY JOHN Y. BROWN III, SECRETARY OF STATE ANNUAL REPORT

(See Reverse Side for Filing Instructions)

DEGCOS #	0040300	DUE JUNE 3	n 1998		(4) FILING FEE
RECORD#	TUTUJUU	DUE JUNE 3	w, 1999		\$15.00
(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS					
PARK THEATERS CORPORATION					
_	O BOY 202	R COUNTRY OF INCORPORATION			
	O.BOX 226 ARTFORD KY 42347		2 A		КУ
				L	
(2) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO			1		INCORPORATION OR DATE ZED TO TRANSACT BUSINESS
				O:	9/09/1947
(3) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS Changes made to the registered agent or registered office cannot be made in #3 Complete 97 to request a form if information in #3 has changed. [7] PLEASE MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO					
	MRS. ANDY ANDERSON				
1	8 W. CENTER ST. O. BOX 226				
NH.	RTFORD KY 42347				
L					
(3) PRINCIPAL OFFICERS Please type or part the names and business addresses the corporation's principal officers. (Fee reverse side for instructions) IF SOLE OFFICER, PLEASE CHECK (I)					
PRESIDENT Mrs. Andy Anderson. President & Director, 108 W. Center St., Hartford, Ky, 42347					
SECRETARY Mr. Andy A. Anderson, 108 W. Center St., Hartford, Kentucky, 42347 SECRETARY Mr. Andy A. Anderson, 108 W. Center St., Hartford, Kentucky, 42347					
SECRETARY Mr. Andy A. Anderson, 108 W. Center St., Hartford, Kentucky, 42347					y, 42347
TREASURER Mr. Andy A. Anderson, 108 W. Center St., Hartford, Kentucky, 42347					
Acques					
(8) DIRECTORS Please type or print the resident and business expresses of the corporation's directors. (See reverse side for filling instructions) IF PROFIT CORPORATION THAT HAS DISPENSED WITH ITS BOARD, PLEASE CHECK II					
	Mrs. Andv Ande				Ford, Kentucky 42347
Mare	Mr. Andy A. An	derson,	dress 14 Main Street	t, Hartfor	rd, Kentucky 42347
Hame	Mr. Andy A. Ar				rd, Kentucky 42347
Name	Mr. J. H. Higg	inbotham 3	33 State Route	e 1543, Ha	artford, Ky. 42347
Name		Ad	dress		
I VERIFY THAT INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.					
AUTHORIZE	D SIGNATURE	and the second second	TITLE Fresio	dent	DATE 6/22/98