


2004 FOR PROFIT CORPORATION ANNUAL REPORT

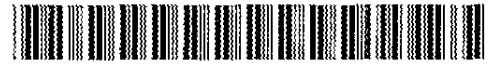
FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F04000000091
 1. Entity Name
 UTP PRODUCTIONS INCORPORATED



Principal Place of Business 774 SOUTH 500 WEST SALT LAKE CITY, UT 84101	Mailing Address 774 SOUTH 500 WEST SALT LAKE CITY, UT 84101
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1548911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STIITZ, PETER E STOMFA
 2150 ERNEST ST.
 JACKSONVILLE, FL 32204

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP HARKNESS, LONNIE 345 NORTH MAIN ST SALT LAKE CITY, UT 84102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ROOD, STEVEN PO BOX 287 MAGNA, UT 84044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDSON, DON 4994 WOODBEND WEST JORAN, UT 84044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAMMOND, HUNA 2701 W CALLE DE DALIS TUCSON, AZ 85745
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000038298
 02/06/04-80133-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lonnie Harkness 2-2-04 (80) 328-1298
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #