

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006261

1. Entity Name
SORENSEN MEDIA, INC.



Principal Place of Business
2511 SOUTH WEST TEMPLE STREET
SALT LAKE CITY, UT 84115

Mailing Address
2511 SOUTH WEST TEMPLE STREET
SALT LAKE CITY, UT 84115



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0650555

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARNSWORTH, KELLY
1 NORTH DALE MAVRY HWY
SUITE #1020
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

000000188294

01/24/05-80048-022 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CV
SORENSEN, JAME LEVOY
2511 SOUTH WEST TEMPLE STREET
SALT LAKE CITY, UT 84115

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PV
SORENSEN, JAMES LEE
4393 RIVERBOAT ROAD SUITE 300
MURRAY, UT 84123

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
LARSON, A. JAMES
2511 SOUTH WEST TEMPLE STREET
SALT LAKE CITY, UT 84115

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
TAYLOR, GREGORY O
2511 SOUTH WEST TEMPLE STREET
SALT LAKE CITY, UT 84115

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-05

801-287-9400