

2004 FOR PROFIT CORPORATION ANNUAL REPORT 3897 ✓

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90721 039 ***150.00

DOCUMENT # F99000002525
 1. Entity Name
BIG PLANET HOLDINGS, INC.



Principal Place of Business: **75 WEST CENTER STREET PROVO, UT 84601**
 Mailing Address: **75 WEST CENTER STREET PROVO, UT 84601**

94080362



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

04072004 Chg-P CR2E034 (10/03)

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **87-0630193**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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: D NAME: RONEY, BLAKE STREET ADDRESS: 75 W CENTER STREET CITY-ST-ZIP: PROVO, UT 84601	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: LUND, STEVEN STREET ADDRESS: 75 WEST CENTER STREET CITY-ST-ZIP: PROVO, UT 84601	<input checked="" type="checkbox"/> Delete
TITLE: P NAME: KING, RICHARD STREET ADDRESS: 75 W CENTER STREET CITY-ST-ZIP: PROVO, UT 84601	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: HUNT, TRUMAN STREET ADDRESS: 75 W CENTER ST CITY-ST-ZIP: PROVO, UT 84601	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President NAME: Larry Mafarlane STREET ADDRESS: 75 W. Center ST CITY-ST-ZIP: Provo, UT 84601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Secretary / VP NAME: Matthew Dorny STREET ADDRESS: 75 W. Center ST CITY-ST-ZIP: Provo, UT 84601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V. P. / Director NAME: Ritch Wood STREET ADDRESS: 75 W. Center ST CITY-ST-ZIP: Provo, UT 84601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Director NAME: Truman Hunt STREET ADDRESS: 75 W. Center ST CITY-ST-ZIP: Provo, UT 84601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Matthew Dorny** *Matthew Dorny* **4-28-04** **801-345-6000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #