

FILED
May 05, 2003 8:00 am
Secretary of State

04-18-2003 90211 041 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

55036414

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
75 W. CENTER ST	75 W. CENTER ST
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>

City & State PROVO, UT	City & State PROVO, UT
<small>Zip</small> 84061	<small>Zip</small> 84601
<small>Country</small> USA	<small>Country</small> USA

4. FEI Number 87-0630193	Applied For <input type="checkbox"/> Not Applicable
8. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd
City Plantation **FL** **Zip Code** 33324

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 _____ **DATE** _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 **3577**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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 ST CITY-ST-ZIP PROVO, UT 84061	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE D NAME LUND, STEVEN STREET ADDRESS 75 W. CENTER ST CITY-ST-ZIP PROVO, UT 84061	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE P NAME CONLEE, ROBERT STREET ADDRESS 75 W. CENTER ST CITY-ST-ZIP PROVO, UT 84061	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE S NAME HUNT, TRUMAN STREET ADDRESS 75 W. CENTER ST CITY-ST-ZIP PROVO, UT 84061	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **ROBERT CONLEE** **4/14/03** **801-345-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #