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**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90079 023 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                                                                                                                          |                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # F03000001164</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                         |                                                                                                                                                             |
| 1. Entity Name<br>UCN, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                          |                                                                                                                                                             |
| Principal Place of Business<br>14870 SOUTH PONY EXPRESS ROAD<br>BLUFFDALE, UT 84065                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | Mailing Address<br>14870 SOUTH PONY EXPRESS ROAD<br>BLUFFDALE, UT 84065                                                                  |                                                                                                                                                             |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | 3. Mailing Address                                                                                                                       |                                                                                                                                                             |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | Suite, Apt. #, etc.                                                                                                                      |                                                                                                                                                             |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                | City & State                                                                                                                             |                                                                                                                                                             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                        | Zip                                                                                                                                      | Country                                                                                                                                                     |
| 6. Name and Address of Current Registered Agent<br><br>NRAI SERVICES, INC.<br>526 E. PARK AVENUE<br>TALLAHASSEE, FL 32301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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's signature required w/ or w/o commission) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                                                                                                                                          |                                                                                                                                                             |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees                |                                                                                                                                                             |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                    |                                                                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DC<br>STERN, TED<br>14870 SOUTH PONY EXPRESS ROAD<br>BLUFFDALE, UT 84065 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | CFO<br>David Grow<br>14870 South Pony Express Road<br>Bluffdale, UT 84065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PD<br>JARMAN, PAUL<br>14870 SOUTH PONY EXPRESS ROAD<br>BLUFFDALE, UT 84065 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | PD/CEO<br>Paul Jarman<br>14870 South Pony Express Road<br>Bluffdale, UT 84065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>OZANNE, JAMES<br>14870 SOUTH PONY EXPRESS ROAD<br>BLUFFDALE, UT 84065 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | CEO<br>Scott Welch<br>14870 South Pony Express Road<br>Bluffdale, UT 84065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V<br>SMITH, G. DOUGLAS<br>14870 SOUTH PONY EXPRESS ROAD<br>BLUFFDALE, UT 84065 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | CTO<br>Michael Shelton<br>14870 South Pony Express Road<br>Bluffdale, UT 84065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CS<br>PARTRIDGE, KIMM<br>834 E DRAPER WOODS WAY<br>DRAPER, UT 84020 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | CS<br>Kimm Partridge<br>14870 South Pony Express Road<br>Bluffdale, UT 84065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>BARNETT, STEVE<br>14870 SOUTH PONY EXPRESS ROAD<br>BLUFFDALE, UT 84065 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | D<br>Paul Koeppe<br>14870 South Pony Express Road<br>Bluffdale, UT 84065 <input type="checkbox"/> Change <input checked="" 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 life empowered. |                                                                                                                |                                                                                                                                          |                                                                                                                                                             |
| SIGNATURE: <u>Kimm Partridge</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | 2-1P-05 (866)541-0000<br>Date: Day/Month/Year                                                                                            |                                                                                                                                                             |

# ATTACHMENT

UCN, Inc.  
Additional Officers and Directors

40026199

#F03000001164

Name

Blake Fisher

Position

Director

Business Address

14870 S. Pony Express Road  
Bluffdale, UT 84065