2005 FOR PROFIT CORPORATION

FILED Jan 24, 2005 08:00 AM Secretary of State

ANNUAL REPORT		
DOCUMENT # F0400000091		Ī
1. Entity Name		J



Principal Place of Business . __

774 SOUTH 500 WEST SALT LAKE CITY, UT 84101

UTP PRODUCTIONS INCORPORATED

Mailing Address

774 SOUTH 500 WEST SALT LAKE CITY, UT 84101



DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

Applied For 42-1548911 Not Applicable

5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

801328-1295

Daytime Phone #

6. Name and Address of Current Registered Agent

STIITZ, PETER E STOMFA 2150 ÉRNEST ST. JACKSONVILLE, FL 32204

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 					
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HARKNESS, LONNIE 345 NORTH MAIN ST SALT LAKE CITY, UT 84102			01/25/05-80093-004 150.00			
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		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMMOND, HUNA 2701 W CALLE DE DALIS TUCSON, AZ 85745		IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE		25 6.4					
NAME							
STREET ADDRESS			i	,			
CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR