

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000091

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: UTP PRODUCTIONS INCORPORATED

**Current Principal Place of Business:**

774 SOUTH 500 WEST  
SALT LAKE CITY, UT 84101

**New Principal Place of Business:**

**Current Mailing Address:**

774 SOUTH 500 WEST  
SALT LAKE CITY, UT 84101

**New Mailing Address:**

FEI Number: 42-1548911      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EISNER, PETER D  
681 TUSCORRA DRIVE  
WINTER SPRINGS, FL 32708      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: COB      ( ) Delete  
Name: HARKNESS, LONNIE PRES  
Address: 345 NORTH MAIN ST  
City-St-Zip: SALT LAKE CITY, UT 84102

Title: DIR      ( ) Delete  
Name: ROOD, STEVEN SEC  
Address: PO BOX 287  
City-St-Zip: MAGNA, UT 84044

Title: DIR      ( ) Delete  
Name: RICHARDSON, DON DIRECTO  
Address: 4994 WOODBEND  
City-St-Zip: WEST JORAN, UT 84044

Title: DIR      ( ) Delete  
Name: ROOD, JODI  
Address: PO BOX 566  
City-St-Zip: MAGNA, UT 84044

Title: DIR      ( ) Delete  
Name: ANDERSON, LADD  
Address: 4055 SO. 1610 E.  
City-St-Zip: SLC, UT 84124

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONNIE HARKNESS

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date