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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000005088

1. Corporation Name

GLYPHICS COMMUNICATIONS, INC.



Principal Place of Business

6975 UNION PARK CENTER, STE. 200
MIDVALE UT 84047

Mailing Address

6975 UNION PARK CENTER, STE. 200
MIDVALE UT 84047

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1998

4. FEI Number

87-0538985

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 66 E. WADSWORTH PK. DRIVE

2a. Mailing Address

26 66 E. WADSWORTH PK. DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 200

27 STE 200

City & State

City & State

23 DRAPER UT

28 DRAPER UT

Zip Country

Zip Country

24 84020

25

29 84020

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BATEMAN, KODY
STREET ADDRESS 6975 UNION PARK CENTER, STE. 200
CITY-ST-ZIP MIDVALE UT 84047

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME BATEMAN, KODY
1.3 STREET ADDRESS 66 E. WADSWORTH PK DR.
1.4 CITY-ST-ZIP DRAPER UT 84020

TITLE VSTD ☐ DELETE

NAME MOULTON, GARY
STREET ADDRESS 6975 UNION PARK CENTER, STE. 200
CITY-ST-ZIP MIDVALE UT 84047

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME MOULTON, GARY
2.3 STREET ADDRESS 66 E. WADSWORTH PK DR.
2.4 CITY-ST-ZIP DRAPER UT 84020

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY MOULTON 1-19-99 801-365-8500

CR2E034 (11/98)