

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006007

1. Entity Name
ICON HEALTH & FITNESS, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90088 040 ***150.00

Principal Place of Business
1500 S. 1000 W.
ATTN: TAX DEPT.
LOGAN UT 84321

Mailing Address
PO BOX 465
LOGAN VT 84323-0465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 87-0531206		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State <i>Logan UT</i>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, GARY	NAME	
STREET ADDRESS	1500 SOUTH 100 WEST	STREET ADDRESS	
CITY-ST-ZIP	LOGAN UT 84321	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEY, CHARLES M	NAME	
STREET ADDRESS	1500 SOUTH 100 WEST	STREET ADDRESS	
CITY-ST-ZIP	LOGAN UT 84321	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENCHLEY, LYNN	NAME	
STREET ADDRESS	1500 SOUTH 100 WEST	STREET ADDRESS	
CITY-ST-ZIP	LOGAN UT 84321	CITY-ST-ZIP	
TITLE	CFOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, FRED	NAME	
STREET ADDRESS	1500 SOUTH 100 WEST	STREET ADDRESS	
CITY-ST-ZIP	LOGAN UT 84321	CITY-ST-ZIP	
TITLE	CEOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTERSON, SCOTT	NAME	
STREET ADDRESS	1500 SOUTH 100 WEST	STREET ADDRESS	
CITY-ST-ZIP	LOGAN UT 84321	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

CR2E034 (10/00)