

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Dec 16, 2009
Secretary of State**

DOCUMENT# F07000000974

Entity Name: ICON SECURITY, INC.

Current Principal Place of Business:

3507 N UNIVERSITY AVE
STE 200
PROVO, UT 84604

New Principal Place of Business:

3311 N UNIVERSITY AVE
STE 275
PROVO, UT 84604

Current Mailing Address:

3507 N UNIVERSITY AVE
STE 200
PROVO, UT 84604

New Mailing Address:

3311 N UNIVERSITY AVE
STE 275
PROVO, UT 84604

FEI Number: 32-0041655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: JANICE NULL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: STERZER, MATTHEW J
Address: 1405 S ALPINE WAY
City-St-Zip: PROVO, UT 84606

Title: D () Delete
Name: TAYLOR, JACOB G
Address: 1375 S ALPINE WAY
City-St-Zip: PROVO, UT 84606

Title: D () Delete
Name: GREGORY, VAL T
Address: 4577 NORTHGATE DR
City-St-Zip: PROVO, UT 84604

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:

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: VAL T. GREGORY

D

12/16/2009

Electronic Signature of Signing Officer or Director

Date