

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 22, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000006140**1. Entity Name  
STSN, INC.

Principal Place of Business 5983 SOUTH REDWOOD RD  SALT LAKE CITY UT 84123	Mailing Address 5983 SOUTH REDWOOD RD  SALT LAKE CITY UT 84123
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2. Principal Place of Business	3. Mailing Address 7090 UNION PARK AVE, STE 200
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State MIDVALE UT
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Zip	Country	Zip	Country
		84047	

4. FEI Number <b>87-0579189</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
  
PLANTATION FL 33324 US**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_ DATE **01/22/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**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. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	BRANNELLY JACK	
STREET ADDRESS	5983 SOUTH REDWOOD RD	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH ERIC	
STREET ADDRESS	5983 SOUTH REDWOOD RD	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	WEST WILLIAM	
STREET ADDRESS	5983 SOUTH REDWOOD RD	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 all other like empowered.

**SIGNATURE:** Jack Brannelly

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01/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)