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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: STSN, INC.	
(Name of corporation	on)
DOCUMENT NUMBER: F00000006140	·
The enclosed withdrawal application and fee are submit	ted for filing.
Please return all correspondence concerning this matter to the following:	
Derek Evans	
(Name of Pe	erson)
STSN, Inc.	
(Firm/Com	pany)
7090 South Union Park Ave. #200	
(Addres	s)
Midvale, UT 84047	
(City/State and	Zip code)
For further information concerning this matter, please cal	l:
Derek Evans at (801) 563-2000
(Name of Person)	Area Code & Daytime Telephone Number)
STREET_ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

STSN, INC.	_
(Name of Corporation)
F0000006140	
(Document Number of Corporation	n (if known)
Delaware	
(Incorporated Under Law	s of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduc	
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in Fluid in the service of procestime it was authorized to transact business or conduct affairs in Fluid in the service of processing the service of the se	ss based on a cause of action arising during the
The following is a current mailing address for the corporation:	
7090 So. Union Park Ave., #20	
(Mailing Address)	
Midvale, UT 84047	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fu	ture of any change in its mailing address.
(Signature of a director, president or other officer - Ikin the hands of a receiver or other court appointed fiduciary, by that fiduciary)	November 17, 2004 (Date)
Dan Strong	Chief Financial Officer
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35