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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: 6mw US OPEN (Name of cor	EATIONS INC.
(Name of cor	poration)
DOCUMENT NUMBER: F0100000	10164
The enclosed withdrawal application and fee are	submitted for filing.
Please return all correspondence concerning this matter to the following:	
MATTHEW :	T. PHILLIPS e of Person)
(Nam-	e of Person)
CINBAL ME	Ten Victoria NY TUA
GLUBAL METRO NETWORKS INC. (Firm/Company)	
	ion St. Suite 300 address)
ALEXAND R (City/State	21A VA 22314 e and Zip code)
For further information concerning this matter, plea	ase call:
DON DOERING BE	(703) 579-7996
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Division of Corporations	MAILING ADDRESS: Amendment Section Division of Corporations

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

CMN US OPERATIONS, INC. (Name of Corporation)
(Document Number of Corporation (if known)
DELAWARE (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida. This corporation revokes the authority of its registered agent in Florida to accept service on its belial and
appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida. The following is a current mailing address for the corporation:
(Mailing Address)
ALEXALDRIA VA ZZ314 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other count appointed fiduciary, by that fiduciary) (Date)
MATTHEW T PHILLIPS PRESIDENT (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35