

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90033 020 \*\*\*150.00

**DOCUMENT # F01000002372**



1. Entity Name  
**STSN GENERAL HOLDINGS, INC.**

Principal Place of Business Mailing Address  
**7090 SOUTH UNION PARK AVE. #200 7090 SOUTH UNION PARK AVE. #200**  
**MIDVALE, UT 84047 MIDVALE, UT 84047**

**44008731**



01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		87-0665253		Not Applicable	
City & State		City & State		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			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, WILLIAM			NAME			
STREET ADDRESS	7090 SOUTH UNION PARK AVE. #200			STREET ADDRESS			
CITY-ST-ZIP	MIDVALE, UT 84047			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, DAVID			NAME			
STREET ADDRESS	7090 SOUTH UNION PARK AVE. #200			STREET ADDRESS			
CITY-ST-ZIP	MIDVALE, UT 84047			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VINCENT, JEFF			NAME			
STREET ADDRESS	7090 SOUTH UNION PARK AVE. #200			STREET ADDRESS			
CITY-ST-ZIP	MIDVALE, UT 84047			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRISON, DAVID			NAME			
STREET ADDRESS	7090 S UNION PARK AVENUE #200			STREET ADDRESS			
CITY-ST-ZIP	MIDVALE, UT 84047			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Don Strong		
STREET ADDRESS				STREET ADDRESS	7090 S. Union Park Ave., #200		
CITY-ST-ZIP				CITY-ST-ZIP	Midvale, UT 84047		
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			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Don Strong Dan Strong, CFO Date: 2/4/04 Daytime Phone #: (801) 563-2000