


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002840 1. Entity Name FSN SUNSHINE HOLDINGS, INC.	
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Principal Place of Business C/O FOX CABLE NETWORKS 10000 SANTA MONICA BLVD. LOS ANGELES, CA 90067	Mailing Address C/O FOX CABLE NETWORKS 10000 SANTA MONICA BLVD. LOS ANGELES, CA 90067
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02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2327903	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VINCIQUERRA, ANTHONY 10201 WEST PICO BLVD. LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, ROBERT 10000 SANTA MONICA BLVD. LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FAWCETT, DANIEL 10000 SANTA MONICA BLVD. LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS HUBSCH, ANDREW 10000 SANTA MONICA BLVD. LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT PARRISH, RAYMOND L 10201 WEST PICO BLVD. LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KENDER, RANDALL F 10201 WEST PICO BLVD. LOS ANGELES, CA 90067

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04/28/04-80095-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Raymond L. Parrish* 4/7/2004 (310)369-1540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RAYMOND L. PARRISH