

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A26008

FILED

03 DEC -5 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A26008

1. Name of Limited Partnership

Sunshine Network of Florida, Ltd.

Myk
9/29/00

Myk

2. Principal Office Address

c/o Fox Cable Networks

3. Mailing Office Address

c/o Fox Cable Networks

Suite, Apt. #, etc.

10000 Santa Monica Blvd.

Suite, Apt. #, etc.

10000 Santa Monica Blvd.

City & State

Los Angeles, CA

City & State

Los Angeles, CA

Zip

90067

Country

USA

Zip

90067

Country

USA

8. Name and Address of Current Registered Agent

Name

Cathy Weeden

Street Address (P.O. Box Number is Not Acceptable)

1000 Legion Place

Suite, Apt. #, Etc.

Suite 1600

City

Orlando

State

FL

Zip Code

32801

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Cathy Weeden

DATE

11/11/03

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Sunshine Network, Inc.	c/o Fox Cable Networks 10000 Santa Monica Blvd.	Los Angeles, CA 90067	K03823
			000025257130
<p>REINSTATEMENT 2000-2003</p> <p><i>Myk</i></p>			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Dan Fawcett

DATE

11/12/03

Typed or Printed Name of General Partner Signing Form

Dan Fawcett, Div. Sunshine Network, Inc., GP

Telephone Number

310 284 2399

CR2E038 (10/02)



CORPORATION SERVICE COMPANY

A 26 008

ACCOUNT NO. : 072100000032

REFERENCE : 320961 4356612

AUTHORIZATION : *Patricia Pizoto*

COST LIMIT : \$ 3206.25

ORDER DATE : *Dec. 5, 2003*
~~November 13, 2003~~

2,565.00

ORDER TIME : 9:55 AM

ORDER NO. : 320961-005

CUSTOMER NO: 4356612

MR

CUSTOMER: Veronica Arroyo, Legal Asst
Fox Entertainment Group
Suite 1400
2121 Avenue Of The Stars
Los Angeles, CA 90067

DOMESTIC FILINGS

NAME: SUNSHINE NETWORK OF FLORIDA,
LTD

RECEIVED
03 DEC -5 PM 4:27
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____