


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

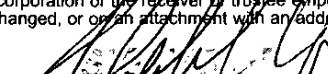
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Mar 02, 1999 8:00 am
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03-02-1999 90174 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F89308 1. Corporation Name SUNSHINE TELEVISION ENTERTAINMENT, INC.					
Principal Place of Business 1111 W MOCKINGBIRD LN DALLAS TX 75247 US			Mailing Address 1111 W. MOCKINGBIRD LN. SUITE 1000 DALLAS TX 75247		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Suite 1000 23 City & State 24 Zip 25 Country U.S.		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country U.S.		3. Date Incorporated or Qualified 07/01/1982	
4. FEI Number 59-2204619		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent UNITED CORPORAITON SERVICES, INC. 801 NORTHEAST 167TH STREET NORTH MIAMI FL 33162			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	BRUNEL, LOUIS				
STREET ADDRESS	1111 W. MOCKINGBIRD LANE, 10TH FLOOR				
CITY-ST-ZIP	DALLAS TX 75247				
TITLE	CFO	<input type="checkbox"/> DELETE			
NAME	BLANCHETTE, BERTRAND				
STREET ADDRESS	1111 W. MOCKINBIRD LANE, 10TH FLOOR				
CITY-ST-ZIP	DALLAS TX 75247				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	KATZENSTEIN, MICHAEL E.				
STREET ADDRESS	1111 W. MOCKINGBIRD LANE, 10TH FLOOR				
CITY-ST-ZIP	DALLAS TX 75247				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	FORTIER, PIERRE				
STREET ADDRESS	1111 W. MOCKINGBIRD LANE 10TH FLOOR				
CITY-ST-ZIP	DALLAS TX 75247				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	CHAGNON, CLAUDE				
STREET ADDRESS	1111 W. MOCKINGBIRD LANE, 10TH FLOOR				
CITY-ST-ZIP	DALLAS TX 75247				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	DUBE, STEPHEN				
STREET ADDRESS	1111 W. MOCKINGBIRD LANE, 10TH FLOOR				
CITY-ST-ZIP	DALLAS TX 75247				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	D McDonald, Lynn				
4.3 STREET ADDRESS	1111 W. Mockingbird Lane, 10th Floor				
4.4 CITY-ST-ZIP	Dallas, TX 75247				
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME	D Changnon, Andre				
5.3 STREET ADDRESS	1111 W. Mockingbird Lane, 10th Floor				
5.4 CITY-ST-ZIP	Dallas, TX 75247				
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME	D Brunel, Louis				
6.3 STREET ADDRESS	1111 W. Mockingbird Lane, 10th Floor				
6.4 CITY-ST-ZIP	Dallas, TX 75247				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Michael E. Katzenstein 1/18/99 214-634-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)