

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 95 JUL 10 AM 9:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F92000000769 (1)

1. Corporation Name  
 SUNSHINE ACQUISITION CORP.

Principal Place of Business  
 1801 AVENUE OF THE STARS, #600  
 LOS ANGELES CA 90067

Mailing Address  
 1801 AVENUE OF THE STARS, #600  
 LOS ANGELES CA 90067

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/18/1992	3a. Date of Last Report 08/02/1994
4. FEI Number 95-4365851	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. This corporation has liability for intangible tax under s. 193.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERENCHIO, A. JERROLD	1.2 NAME	
STREET ADDRESS	1801 AVENUE OF THE STARS, #600	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHILL, ROBERT V	2.2 NAME	
STREET ADDRESS	1801 AVENUE OF THE STARS, #600	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067	2.4 CITY-ST-ZIP	
TITLE	I	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADER, STEPHEN P	3.2 NAME	
STREET ADDRESS	1801 AVENUE OF THE STARS, #600	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: Robert V. Cahill 06/22/95 (30) 556-7610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)

CR2E034 (3/95)