

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # **K03823** (7)

1. Corporation Name
SUNSHINE NETWORK, INC.

Principal Place of Business Mailing Address
*CONTINENTAL CABLEVISION INC. D. JOHNSON *CONTINENTAL CABLEVISION INC. D. JOHNSON
THE PILOT HOUSE - LEWIS WHARF THE PILOT HOUSE - LEWIS WHARF
BOSTON MA 02110 BOSTON MA 02110
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1987 3a. Date of Last Report 05/01/1994
4. FEI Number 65-0044370 Applied For Net Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
EPSTEIN, FREDRIC E., P.A.
6560 PONDAPPLE RD
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELORME, JEFF	1.2 NAME	
STREET ADDRESS	6834 RICHARD ROAD	1.3 STREET ADDRESS	THE PILOT HOUSE - LEWIS WHARF
CITY ST ZIP	JACKSONVILLE FL	1.4 CITY ST ZIP	BOSTON, MA 02110
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVALLO, DAN	2.2 NAME	
STREET ADDRESS	5015 CAMPUSWOOD DR	2.3 STREET ADDRESS	
CITY ST ZIP	E SYRACUSE NY	2.4 CITY ST ZIP	
TITLE	ASD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MIKE	3.2 NAME	RICHARD GUNTER
STREET ADDRESS	1234 MARKET STR, 18 FLOOR	3.3 STREET ADDRESS	11055 STATE ROAD 472
CITY ST ZIP	PHILADELPHIA PA	3.4 CITY ST ZIP	DELAND, FL 32723
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESSLER, FRED	4.2 NAME	ASD
STREET ADDRESS	300 1ST STAMFORD PL	4.3 STREET ADDRESS	
CITY ST ZIP	STAMFORD CT	4.4 CITY ST ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, DAVE	5.2 NAME	HERBERT "BUZZ" GOODALL
STREET ADDRESS	5934 RICHARD ROAD	5.3 STREET ADDRESS	7800 BELFORT PKWY, #270
CITY ST ZIP	JACKSONVILLE FL	5.4 CITY ST ZIP	JACKSONVILLE, FL 32256
TITLE	VAS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFSTEIN, RICHARD A.	6.2 NAME	
STREET ADDRESS	59 NY ROAD	6.3 STREET ADDRESS	
CITY ST ZIP	WELLESLEY MA	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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: _____ (Date) 7/18/95 (Typed Name) 617-854-3254

CR2E034 (3/95)