

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
97 OCT 20 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K03823 (7)**  
1. Corporation Name  
**SUNSHINE NETWORK, INC.**



**REINSTATEMENT 97**  
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
%CONTINENTAL CABLEVISION INC. D. JOHNSON %CONTINENTAL CABLEVISION INC. D. JOHNSON  
7800 BELFORT PKWY #270 7800 BELFORT PKEY #270  
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256  
US US

3. Date Incorporated or Qualified 11/19/1987 3a. Date of Last Report 07/24/1996  
4. FEI Number 65-0044370 Applied For Not 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  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 Zip Country 29 Zip 30 Country

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

10. Name and Address of New Registered Agent  
81 Name **H. W. "Buzz" Goodall**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7800 Belfort Parkway, Suite 270**  
84 City **Jacksonville** FL 85 Zip Code **32256**

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]* DATE **8/1/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOODALL, HERBERT	
STREET ADDRESS	7800 BELFORT PKWY #270	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDNER, LINDSAY	
STREET ADDRESS	1400 LAKE HEARN DRIVE NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GUNTER, RICHARD	
STREET ADDRESS	1655 STATE ROAD 472	
CITY-ST-ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DRESSLER, FRED	
STREET ADDRESS	300 1ST STAMFORD PL	
CITY-ST-ZIP	STAMFORD CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOODALL, HERBERT "BUZZ"	
STREET ADDRESS	7800 BELFORT PKWY #270	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HURLEY, TOM	
STREET ADDRESS	1500 MARKET STREET 34TH FLOOR	
CITY-ST-ZIP	PHILADELPHIA PA	

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	<b>300002327343--3</b>
1.4 CITY-ST-ZIP	<b>-10/22/97--01103--031</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>****750.00 ****750.00</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* SIGNATURE REQUIRED: *[Signature]* **8/1/97 904 619 3777**

CR2E034 (4/97)