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FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K03823

(7)

1. Corporation Name

SUNSHINE NETWORK, INC.

Principal Place of Business

Mailing Address

CONTINENTAL CABLEVISION INC. - JOHNSON
7800 BELFORT PKWY #270
JACKSONVILLE FL 32256
US

CONTINENTAL CABLEVISION INC. - JOHNSON
7800 BELFORT PKEY #270
JACKSONVILLE FL 32256
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1987

4. FEI Number

65-0044370

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.

22. City & State

23. Zip

Country

24. Zip

Country

25. Zip

Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29. Zip

Country

30. Zip

Country

9. Name and Address of Current Registered Agent

GOODALL, H.W. "BUZZ"
7800 BELFORT PARKWAY, SUITE 270
JACKSONVILLE FL 32256

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 607.0507 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
NAME GOODALL, HERBERT
STREET ADDRESS 7800 BELFORT PKWY #270
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE D
NAME GARDNER, LINDSAY
STREET ADDRESS 1400 LAKE HEARN DRIVE NE
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE VD
NAME GUNTER, RICHARD
STREET ADDRESS 1655 STATE ROAD 472
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE VD
NAME DRESSLER, FRED
STREET ADDRESS 300 1ST STAMFORD PL
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE S
NAME GOODALL, HERBERT "BUZZ"
STREET ADDRESS 7800 BELFORT PKWY #270
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE SD
NAME HURLEY, TOM
STREET ADDRESS 1500 MARKET STREET 34TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

[Handwritten Signature]

2-11-98 407-642-1450

CR2E034 (10/97)