

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K03823**

1. Entity Name

SUNSHINE NETWORK, INC.**FILED****Mar 13, 2001 8:00 am**
Secretary of State

03-13-2001 90314 007 ***150.00

Principal Place of Business

**1500 MARKET ST
34TH FLOOR
PHILADELPHIA PA 19102
US**

Mailing Address

**C/O T. HURLEY, COMCAST
1500 MARKET ST., 34TH FL.
PHILADELPHIA PA 19102**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0044370**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIBERATORE, JIM
390 N. ORANGE AVE
SUITE 1075
ORLANDO FL 32801**Name
Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HURLEY, THOMAS A**
STREET ADDRESS **1500 MARKET ST, 34TH FL**
CITY-ST-ZIP **PHILADELPHIA PA 19102**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ABBAS, JEFFREY**
STREET ADDRESS **5 WEST 3RD STREET**
CITY-ST-ZIP **COUDERSPOPT PA 16915**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SHEMA, ROBERT**
STREET ADDRESS **1500 MARKET STREET, 34TH FL**
CITY-ST-ZIP **PHILADELPHIA PA 19102**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Shema, Director

Date

Daytime Phone #

CR2E034 (10/00)