

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90050 041 ***550.00

DOCUMENT # K03823

1. Entity Name
SUNSHINE NETWORK, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Fox Cable Networks
10000 Santa Monica Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

Fox Cable Networks
c/o Daniel M. Fawcett
 Suite, Apt. #, etc.
10000 Santa Monica Blvd.

City & State

Los Angeles, CA

City & State

Los Angeles, CA

4. FEI Number 65-0044370

Applied For
 Not Applicable

Zip

90067

Country

USA

Zip

90067

Country

USA

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

6. Name and Address of Current Registered Agent

LIBERATORE, JIM
390 N. ORANGE AVE
SUITE 1075
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Cathy Wooden**
Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Avenue
Suite 1075
City **Orlando** **FL** **Zip Code** **32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cathy Wooden*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-7-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD HURLEY, THOMAS A 1500 MARKET ST, 34TH FL PHILADELPHIA PA 19102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert L. Thompson 10000 Santa Monica Blvd. Los Angeles, CA 90067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBAS, JEFFREY 5 WEST 3RD STREET COUDERSPOPT PA 16915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daniel M. Fawcett 10000 Santa Monica Blvd. Los Angeles, CA 90067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEMA, ROBERT 1500 MARKET STREET, 34TH FL PHILADELPHIA PA 19102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lindsay Gardner 10000 Santa Monica Blvd. Los Angeles, CA 90067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Wilson / Cox Communications 1400 Lake Hearn Drive, NE Atlanta, GA 30319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Daniel M. Fawcett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-02 (310) 284-2399
 Date Daytime Phone #

CR2E034 (4/02)