


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90075 032 ***150.00

DOCUMENT # K03823	
1. Entity Name SUNSHINE NETWORK, INC.	

Principal Place of Business FOX CABLE NETWORKS 10000 SANTA MONICA BLVD LOS ANGELES, CA 90067 US	Mailing Address FOX CABLE NETWORKS 10000 SANTA MONICA BLVD LOS ANGELES, CA 90067 US
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94038669

2. Principal Place of Business	3. Mailing Address FOX CABLE NETWORKS
Suite, Apt. #, etc.	Suite, Apt. #, etc. ATTN ANDREW HUBSCH
City & State	City & State 10000 SANTA MONICA BLVD
Zip	Country LA, CA 90067-7002 US



02122004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0044370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEEDEN, CATHY 1000 LEGION PLACE SUITE 1600 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, ROBERT 1400 LAKE LEARN DRIVE NE ATLANTA, GA 30319 <input checked="" 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	D ABBAS, JEFFREY 5 WEST 3RD STREET COUDERSPOPT, PA 16915 <input checked="" 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	PD THOMPSON, ROBERT L 10000 SANTA MONICA BLVD LOS ANGELES, CA 90067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thompson, Robert L 10201 W. PICO BLVD Los Angeles, CA 90035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAWCETT, DANIEL M 10000 SANTA MONICA BLVD LOS ANGELES, CA 90067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TUZZON, RITA L 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 GARDNER, LINDSAY 10000 SANTA MONICA BLVD LOS ANGELES, CA 90067 <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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANDREW HUBSCH** **3/19/04** **310-557-4141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #