2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K03823

City-St-Zip:

LOS ANGELES, CA 90067

FILED Sep 02, 2005 Secretary of State

Entity Nan	ne: SUNSHII	NE NETWORK, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
10000 SAN	E NETWORK TA MONICA ELES, CA 900	BLVD			
Current Ma	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
10000 SAN	E NETWORK ITA MONICA ELES, CA 900		1		
FEI Number:	65-0044370	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
WEEDEN, CATHY 1000 LEGION PLACE SUITE 1600 ORLANDO, FL 32801 US			1201 HAYS STREET	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US	
The above in the State		submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: LAURA R. DUNLAP				09/02/2005	
Electronic Signature of Registered Agent			gent	Date	
		93(2)(b), F.S., the corporation did r	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (THOMPSON, F 10201 W. PICO LOS ANGELES	O BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TUZON, RITA I	MONICA BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	GARDNER, LII) Delete NDSAY MONICA BLVD	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RAYMOND L. PARRISH VP 09/02/2005