

**2003 FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90107 050 ***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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0044370**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WOODEN, CATHY
390 N ORANGE AVENUE
SUITE 1075
ORLANDO FL 32801~~

Name **CATHY WEEDEN**
Street Address (P.O. Box Number is Not Acceptable)
**1000 LEGION PLACE
SUITE 1600**
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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	WILSON, ROBERT 1400 LAKE LEARN DRIVE NE ATLANTA GA 30319	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ABBAS, JEFFREY 5 WEST 3RD STREET COUDERSPOPRT PA 16915	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	SHEMA, ROBERT 1500 MARKET STREET, 34TH FL PHILADELPHIA PA 19102	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	THOMPSON, ROBERT L 10000 SANTA MONICA BLVD LOS ANGELES CA 90067	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	FAWCETT, DANIEL M 10000 SANTA MONICA BLVD LOS ANGELES CA 90067	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	GARDNER, LINDSAY 10000 SANTA MONICA BLVD LOS ANGELES CA 90067	<input type="checkbox"/> Delete	<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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02-24-03** Daytime Phone # **310-284-2399**

CR2E034 (10/02)