

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007513

FILED  
May 06, 2005  
Secretary of State

**Entity Name:** SUNSHINE PROGRAMMING, LLC

**Current Principal Place of Business:**

7584 KAVANDA ST.  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

7584 KAVANDA ST.  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number: 04-3628894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DONELSON, MICHELLE D  
7584 KAVANDA ST.  
NORTH PORT, FL 34287      US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: DONELSON, MICHELLE D  
Address: 7584 KAVANDA ST.  
City-St-Zip: NORTH PORT, FL 34287

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHELLE DONELSON

MGRM

05/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date