## 2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **FILED** Apr 13, 2006 08:00 AM Secretary of State

| ANNUAL REPORT              |    |
|----------------------------|----|
| DOCUMENT # P96000090602    |    |
| 1. Entity Name             | 8  |
| SUNSHINE TV HOLDINGS, INC. | 16 |



Principal Place of Business

101 EAST KENNEDY BLVD

STE 3300 TAMPA, FL 33602 US

Mailing Address

101 EAST KENNEDY BLVD STE 3300 TAMPA, FL 33602 US



03212006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3410215 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GORDON, BRAD A 101 EAST KENNEDY BLVD **SUITE 3300** TAMPA, FL 33602

SIGNATURE:

| DO  | N | OT | W   | RI | TE  |
|-----|---|----|-----|----|-----|
| -IN |   |    | *** |    | *** |

|   |   |   | 1 1 1 1  |  |  |   |  |  |  |
|---|---|---|--|--|--|---|--|--|--|
| 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 the if applicable. [NOTE: Registered Agent alignature required when reinstating) DATE   |   |   |  |  |  |   |  |  |  |
| FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.  |   |   |  | U000005<br>04/27/06-5  | 06868<br><b>0042-001</b>   | 150.00  |  |  |  |
| 10.   | OFFICERS AND DIREC  | TORS  |  |  |  | -   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>MICHAELS, J PATRICK JR<br>101 EAST KENNEDY BLVD, STE 3300<br>TAMPA, FL 33602  | )   |  |  |  |   |  |  |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP   | VST<br>GORDON, BRAD A<br>101 E KENNEDY BLVD STE 3300<br>TAMPA, FL 33602   |   |  | The state of the s | And the same of th |   |  |  |  |
| TITLE NAME SIGNAT AODRESS CHY-SI-ZIP  |   |   | o analysis ( ) <u>(grafigar</u> e)   | AL YOUR SITE .   | RITE   |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | And Carlo  | THIS SPA   | ACE  |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-20P   |   | -   | et av er <del>lingstag</del>   | , , , , , , , , , , , , , , , , , , ,  | A - A - A - A - A - A - A - A - A - A -  |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |  |  |  |   |  |  |  |
| 12. I hereby of indicated of the cor changed,   | certify that the information supplied with this fill<br>on this report of supplemental report is true a<br>poration or the receiver or trustee empowered<br>or on an attachment with an aedress, with all | ing does not qualify for the ex<br>nd accurate and that my signa<br>to execute this report as requ<br>other like ampowered. | emptions contained in Chapter 11<br>ture shall have the same legal effe<br>ired by Chapter 607, Florida Statut | 9, Florida Statutes, I fu<br>ct as if made under oat<br>es, and that my name a   | ther certify that it<br>in; that I am an off<br>appears in Block 1   | ne information<br>icer or director<br>ID or Block 11 if |  |  |  |