

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000957

FILED
Feb 16, 2011
Secretary of State

Entity Name: SPE CORPORATE SERVICES INC.

Current Principal Place of Business:

10202 W WASHINGTON BLVD
CULVER CITY, CA 90232 US

New Principal Place of Business:

Current Mailing Address:

10202 W. WASHINGTON BLVD.
SONY PICTURES PLAZA #1132
CULVER CITY, CA 90232 US

New Mailing Address:

FEI Number: 13-3540358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: HENDLER, DAVID C
Address: 10202 W. WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

Title: EVSD
Name: WEIL, LEAH
Address: 10202 W. WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

Title: AS
Name: GOFMAN, STEVE
Address: 10202 W. WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

Title: EVAS
Name: FUKUNAGA, JOHN O
Address: 10202 W. WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

Title: EVCF
Name: HENDLER, DAVID C
Address: 10202 W. WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

Title: EVP
Name: VENGER, LEONARD D
Address: 10202 W. WASHINGTON BLVD.
City-St-Zip: CULVER CITY, CA 90232

I hereby 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 all other like empowered.

SIGNATURE: STEVE GOFMAN

AS

02/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date