



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90013 027 \*\*\*150.00

<b>DOCUMENT # F03000001464</b> 1. Entity Name <b>SP BEACH HOTEL CORP.</b>					
Principal Place of Business <b>C/O LOEWS HOTELS, INC. 667 MADISON AVENUE NEW YORK, NY 10021</b>			Mailing Address <b>C/O LOEWS HOTELS, INC. 667 MADISON AVENUE NEW YORK, NY 10021</b>		
2. Principal Place of Business - No P.O. Box # <b>667 Madison Avenue</b>		3. Mailing Address <b>655 Madison Avenue</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Tax Dept. 14th Fl.</b>			
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>		4. FEI Number <b>26-0062539</b>	
Zip <b>10065-8087</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>10065-8087</b>		Country <b>US</b>		6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 			
City 		State <b>FL</b>		Zip Code 	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUNLEAVY, VINCENT F 667 MADISON AVE. NEW YORK, NY 10021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dunleavy, Vincent F. 667 Madison Avenue New York, NY 10065-8087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ALLEN 667 MADISON AVE NEW YORK, NY 100218087	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Green, Allen 667 Madison Avenue New York, NY 10065-8087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, ZACK 667 MADISON AVE NEW YORK, NY 100218087	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Miller, Zack 667 Madison Avenue New York, NY 10065-8087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOMEVER, ALAN G 655 MADISON AVE NEW YORK, NY 100218043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Momeyer, Alan G. 655 Madison Avenue New York, NY 10065-8068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZARIN, GLENN P 667 MADISON AVE NEW YORK, NY 100218087	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Zarin, Glenn P. 667 Madison Avenue New York, NY 10065-8087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNY, JOHN J 655 MADISON AVE NEW YORK, NY 100218043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kenny, John J. 655 Madison Avenue New York, NY 10065-8068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			John J. Kenny		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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