


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # F92000000957 1. Entity Name SPE CORPORATE SERVICES INC.	
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Principal Place of Business 10202 W WASHINGTON BLVD CULVER CITY, CA 90232 US	Mailing Address 10202 W. WASHINGTON BLVD. SONY PICTURES PLAZA #1132 CULVER CITY, CA 90232 US
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03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3540358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES ST, STE 105
 TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

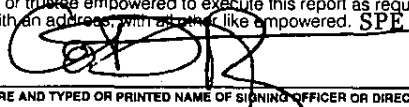
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINDBERG, JACK 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD WEIL, LEAH 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SOLMON, VICKI R 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVAS BERG, CORII D 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF HENDLER, DAVID C 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP VENGER, LEONARD D 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232

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 04/11/07-80008-023 150.00

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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 authority like empowered. **SPE CORPORATE SERVICES INC.**

SIGNATURE:  By: Corii D. Berg
 Its: EVP, Lgl Afrs 4/2/2007 310-244-4683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____