2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010476

Entity Name: SPIKE VOLLEYBALL CLUB, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2140 W 62 ST 2512 ABACO AVENUE HIALEAH, FL MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

2140 W 62 ST 2512 ABACO AVENUE HIALEAH, FL MIAMI, FL 33133

FEI Number: 02-0712523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FITZSIMMONS, ROBERT V
24 W FLAGLER ST, PENTHOUSE
MIAMI, FL 33130

FITZSIMMONS, ROBERT V
25 WEST FLAGLER ST, PENTHOUSE
MIAMI, FL 33130

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: 04/30/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: GONZALEZ, WILLIAM Name: FITZSIMMONS, DIANE

 Name:
 SONZALEZ, WIELIAW
 Name:
 F1723IMMONS, DIANE

 Address:
 7900 SW 176 ST
 Address:
 2512 ABACO AVENUE

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 MIAMI, FL 33133

Title: D () Delete Title: D (X) Change () Addition Name: PEREZ, JULIO Name: CANEDA, MARIA

 Name
 FEREZ, 30LIO
 Name
 CANEDA, MARIA

 Address:
 2140 W 62 ST
 Address:
 25 WEST FLAGLER ST.

 City-St-Zip:
 HIALEAH, FL
 City-St-Zip:
 MIAMI, FL 33130

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: FITZSIMMONS, ROBERT V Name: BADIA, JORGE

Address: 25 W FLAGLER ST, PENTHOUSE Address: 25 W FLAGLER ST, PENTHOUSE

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE FITZSIMMONS D 04/30/2004