2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# N04000004292

Entity Name: SPICE CORPORATION

Current Principal Place of Business:

340 INNER HARBOUR CIRCLE
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

340 INNER HARBOUR CIRCLE
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARSI, CLIFFORD S
340 INNER HARBOUR CIRCLE
TAMPA, FL 33602 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:	DPST	( ) Delete
Name:	BARSI, CLIFFORD S	
Address:	340 INNER HARBOUR CIRCLE	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	D	( ) Delete
Name:	JONES, GREG	
Address:	3712 W. BARCELONA	
City-St-Zip:	TAMPA, FL 33629 US	
Title:	D	( ) Delete
Name:	HUEY, MARK	
Address:	3913 EMPEDRADO	
City-St-Zip:	TAMPA, FL 33629 US	
Title:	D	( ) Delete
Name:	DAMM, JEFFREY A	
Address:	102 WESY WHITING STREET - SUITE 300	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	D	( ) Delete
Name:	HAYES, RICHARD	
Address:	102 WESY WHITING STREET - SUITE 300	
City-St-Zip:	TAMPA, FL 33602 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CLIFFORD S. BARSI DPST 04/12/2005

Electronic Signature of Signing Officer or Director — Date