

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90438 005 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000111595
 1. Entity Name
 SPG GLOBAL CORP.

671346

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 255 S. HWY 427
 Suite, Apt. #, etc.

3. Mailing Address
 255 S. HWY 427
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 LONGWOOD FL

City & State
 LONGWOOD FL

4. FEI Number
 59-3681421

Applied For
 Not Applicable

Zip
 32750

Country

Zip
 32750

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 TASSELL, MICHELLE S.

Street Address (P.O. Box Number is Not Acceptable)
 4404 SCENIC LAKE DRIVE

City
 ORLANDO FL

Zip Code
 32808

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.

SIGNATURE: *Michelle Tassell*
 Signature typed or printed of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 From May 1 Fee is \$300.00
 Amended UBR is \$100.00
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE PD NAME GRIGGS, STEVEN P STREET ADDRESS 12 SARA NICOLE LN #207 CITY-ST-ZIP WINTER SPRINGS FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(b), 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other filers employed.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04-30-2002
 Daytime Phone #