2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17864

Name:

Address:

City-St-Zip:

Intity Name: SPI/JUPITER INC

FILED Jan 20, 2004 Secretary of State

Entity Nai	me: SPI/JUF	TIER INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	D AVENUE						
#5400 SEATTLE,	WA 98101	US					
Current Mailing Address:				New Mailing Address:			
	D AVENUE						
#5400 SEATTLE,	WA 98101	US					
FEI Number:	: 91-1390287	FEI Number	Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Regi:	stered Agent:	Name and	Address o	f New Registered Agent:	
526 EAST	VICES, INC. PARK AVEN SSEE, FL 32	UE 301 US					
	named entity e of Florida.	submits this s	tatement for the p	ourpose of changing i	ts registered	d office or registered agent, or bo	th,
SIGNATUR	RE:						
	Electro	onic Signature	of Registered Age	ent		Date	_
Election Car	mpaign Financi	ng Trust Fund Co	ontribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (PFLEGER, PA 1201 3RD AV SEATTLE, WA	ENUE #5400		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (OREHEK, JO 1201 3RD AV SEATTLE, W	ENUE #5400		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	AS (FULBRIGHT, 1201 3RD AV SEATTLE, W	ENUE #5400		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S (LEE, ROY 1201 3RD AV SEATTLE, W			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	() Delete		Title:	Т	() Change (X) Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: ROY LEE III S 01/20/2004

KROKOWER, ROBERT M

SEATTLE, WA 98101

1201 THIRD AVENUE, SUITE 5400