2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071159

Entity Name: SPIKE PRODUCTIONS, CORPORATION

FILED Feb 19, 2008 Secretary of State

5709 SW 140 PLACE 11133 GRIFFING BLVD MIAMI, FL 33183 BISCAYNE PARK, FL 33161

Current Mailing Address: New Mailing Address:

5709 SW 140 PLACE 11133 GRIFFING BLVD MIAMI, FL 33183 BISCAYNE PARK, FL 33161

FEI Number: 65-0934449 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:

MOLINA, MODESTO A MOLINA, MODESTO A 5709 SW 140 PLACE 11133 GRIFFING BLVD MIAMI, FL 33183 BISCAYNE PARK, FL 33161 US

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: 02/19/2008

> Electronic Signature of Registered Agent Date

> > Title:

OFCR

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

OFCR

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: **PSTD** (X) Change () Addition MOLINA, MODESTO MOLINA, MODESTO Name: Name: 5709 SW 140 PLACE 11133 GRIFFING BLVD Address: Address:

City-St-Zip: MIAMI, FL 33183 City-St-Zip: BISCAYNE PARK, FL 33161

() Delete (X) Change () Addition Name: CROOT, SARAH Name: CROOT, SARAH 5709 SW 140 PLACE 11133 GRIFFING BLVD Address: Address: MIAMI, FL 33183 BISCAYNE PARK, FL 33161 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change () Addition

ARANHA, DIANA Name: Name: 8850 HAWTHORNE AVENUE Address: Address: City-St-Zip: SURFSIDE, FL 33154 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MODESTO MOLINA **PSTD** 02/19/2008