

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Dec 21, 2004**  
**Secretary of State**

DOCUMENT# V50488

Entity Name: SPH VENTURES, INC.

**Current Principal Place of Business:**

146 2ND STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

146 2ND STREET NORTH  
200  
SAINT PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 59-3132971      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

YOUMANS, CHRISTOPHER S.  
146 2ND ST NORTH  
200  
ST PETERSBURG, FL 33701 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAMAR-HOUGH, SUSAN  
Address: 100 2ND AVE SOUTH, STE 800  
City-St-Zip: ST PETERSBURG, FL 33701

Title: DVT ( ) Delete  
Name: HOUGH, JR. W  
Address: 100 2ND AVE S, STE. 800  
City-St-Zip: ST PETE, FL 33701

Title: DPS ( ) Delete  
Name: YOUMANS, CHRISTOPHER  
Address: 146 2ND ST NORTH SUITE 200  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: DS ( ) Delete  
Name: FEINBERG, HELEN H  
Address: 100 2ND AVE S, STE. 800  
City-St-Zip: ST PETE, FL

**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:

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.

SIGNATURE: CHRISTOPHER S. YOUMANS

DPS

12/21/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date