

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