2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# F02000002118

Entity Name: WORTH FUNDING INCORPORATED

Current Principal Place of Business:

18400 VON KARMAN ATTN: LICENSING MANAGER
SUITE 1000
IRVINE, CA 92612

New Principal Place of Business:

18400 VON KARMAN
SUITE 1000
IRVINE, CA 92612

Current Mailing Address:

18400 VON KARMAN ATTN: LICENSING MANAGER
SUITE 1000
IRVINE, CA 92612

New Mailing Address:

18400 VON KARMAN
SUITE 1000
IRVINE, CA 92612

FEI Number: 95-4729811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CFO ( ) Delete
Name: DODGE, PATTI M
Address: 18400 VON KARMAN, STE. 1000
City-St-Zip: IRVINE, CA 92612

Title: D ( ) Delete
Name: FARRAR, CHRISTOPHER D
Address: 26679 W. AGOURA RD., STE. 200
City-St-Zip: CALABASAS, CA 91302

Title: D ( ) Delete
Name: GOTSCHALL, EDWARD F
Address: 18400 VON KARMAN, STE. 1000
City-St-Zip: IRVINE, CA 92612

Title: CEOD ( ) Delete
Name: MCGEE, DAVID R
Address: 26679 W. AGOURA RD., STE. 200
City-St-Zip: CALABASAS, CA 91302

Title: C ( ) Delete
Name: MORRICE, BRADLEY A
Address: 18400 VON KARMAN, STE. 1000
City-St-Zip: IRVINE, CA 92612

Title: S ( ) Delete
Name: THEOLOGIDES, STERGIOS
Address: 18400 VON KARMAN, STE. 1000
City-St-Zip: IRVINE, CA 92612

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:

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: PATTI M. DODGE CFO 04/27/2004

Electronic Signature of Signing Officer or Director — Date