


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000563 1. Entity Name CYPRESS LEGENDS FUNDING COMPANY, INC.	
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Principal Place of Business 445 BROAD HOLLOW RD, STE 239 MELVILLE, NY 11747	Mailing Address 445 BROAD HOLLOW RD, STE 239 MELVILLE, NY 11747
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2430413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS, INC. 1201 HAYS ST TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

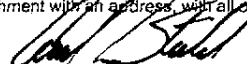
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000183848 01/20/05-80005-015 150 00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPT STIDD, ANDREW L 445 BROAD HOLLOW RD, STE 239 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, KEVIN P 445 BROAD HOLLOW RD, STE 239 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELO, BERNARD J 445 BROAD HOLLOW RD, STE 239 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BILOTTA, FRANK B 114 W 47TH ST, STE 1715 NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOEZZI, MICHELLE 114 W 47TH ST, STE 1715 NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Andrew L. Stidd, Director 1/5/05 631-587-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #