## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700000749 (8)

CMG FUNDING CORP.

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FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
SALT LAVE CITY IT MASS						1			
						DO HOT HIDITE IN THE ODIOS			
2866	ES & Co Honwood #500 Same					DO NOT WRITE IN THIS SPACE			
SAIT! JOWE					3. Date Incorporated or Qualified				
							02/11/1997		
2. Principal Pla		2a. Mailing Address					FEI Number	<del></del>	Applied For
	E. Cottonwood Pkw		inc	100	al Ado	l <b>a</b> .	87-0568253		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.				Б.	. Certificate of Status Desired		Additional Required
22 Suite	500	27							<del></del>
City & State		City & State				6.	Election Campaign Financing  Trust Fund Contribution		May Be
	Lake City UT	<b>28</b>	Cou	ntry		-			
<del>8</del> 4121	Country	<b>⊢</b> ¬ ' ⊦	_	i ili y		8.	<ul> <li>This corporation owes or has paid to Personal Property Tax due June 30.</li> </ul>	- Present .	No No
24	25 USA 9. Name and Address of Current	29    Pagistered Agent	30			10	Name and Address of New Regist		
COL		neglatored Agent		, Hallo allo House of House					
CORPORATION SERVICE COMPANY					Name				
1201 HAYS ST					82 Street Address (P.O. Box Number is Not Acceptable)				
IAL	LAHASSEE FL 32301			B3					
				~					
				84	City			85 Zip	o Code
					<del></del>			FL  °°   E	<u> </u>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered									
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURÉ									
Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required							ADDITIONS/CHANGES TO OFFICERS	DATE	1PS IN 12
12.	OFFICERS AND	DELETE	1.1 TI	TLE			ADDITIONS/CHANGES TO OTTICER	Change	
TITLE	FRY, JOHN D	ב טנננונ						ESS One igo	
HAME	5295 COMMERCE DR., STE. 40	M	1.2 N						[:
STREET ADDRESS	SALT LAKE CITY UT 84107	<b>30</b>			ADDRESS 28	855 alt	E. Cottonwood Pk Lake City, UT 84	.wy, Sui	te 500
CITY-ST-ZIP	TO SALE DATE OF OF OTHER	DELETE	1.4 CI 2.1 TC	TY-ST	· ZIP   D &	alt	Lake City, UT 84	⊥21	Addition
TITLE	MOTT, TERRY L	C) Diffile						23 Change	7,000,007
NAME	5295 COMMERCE DR., STE. 40	ν.	2.2 N/						
STREET ADDRESS	SALT LAKE CITY UT 84107	<i>7</i> 0			I .	ame	address as above		
CITY-ST-ZIP	TO THE CITE OF CALLS	DELETE		ATY-SI	T-ZIP			X Change	Addition
TITLE	REED, WILLIAM J SR.	☐ necese	3.1 TI					pag onange	
NAME	5295 COMMERCE DR., STE. 40	nn	3.2 N/		IDBBEGG				į
STREET ADDRESS	SALT LAKE CITY UT 84107	uv.				ame	address as above		j
CITY-ST-ZIP	V SALI DANE CITT OF 04107	DELETE	_	aty - S1	I - ZIP			★ Change	Addition
TITLE	CROGHAN, PATRICK W SR.	€ DETETE	4.1 T(					∠ Onange	Augmon
NAME	• · · · · · · · · · · · · · · · · · · ·	nn	4. 2 N						
STREET ADDRESS	5295 COMMERCE DR., STE. 40	JU			ADDRESS <b>Sa</b>	ame	address as above		
CITY-ST-ZIP	SALT LAKE CITY UT 84107	Deter		TY-ST	- ZIP			Change     Ch	Addition
TITLE	reimann, shauna L Sr.	☐ DELETE	511					EZI Change	, LI AUGINOII
NAME	• - •	m	52 N						
STREET ADDRESS	5295 COMMERCE DR., STE. 40	JU			ADDRESS	ama	address as above		
CITY-ST-ZIP	SALT LAKE CITY UT 84107	[] oc. c		ITY-ST	-ZIP + D C	ante	address as above		e Addition
TITLE	V Duan Kritt	DELETE	6.1 TI					Change	, Magician
NAME	BILLS, KENT G	20	6.2 N	AME	1				
STREET ADDRESS	5295 COMMERCE DR., STE. 4	DU .	6.3 S	TREET A	ADDRESS S	Same	address as above	е	
CITY-ST-ZIP	SALT LAKE CITY UT 84107		6.4 C	ITY-ST	r-ZIP	·			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attach much made address.

CR2E034 (10/97)