2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

Principal Place of Business

TUSTIN CA 92780

3002 DOW AVENUE, SUITE 404

2. Principal Place of Business

F99000002270

Mailing Address

TUSTIN CA 92780

3. Mailing Address

3002 DOW AVENUE. SUITE 404

1. Entity Name

LIGHTHOUSE FUNDING CORPORATION



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90697 039 ***150.00

4. FE	68-0228173			plied For Applicable			
5. Certificate of Status Desired							
7. Na	ame and Address of New Reg	istered A	gent				
P.O. Bo	x Number is Not Acceptable)		-				
			<u> </u>				
		FL	Zip Code	9			
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Suite, Apt. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FI	4. FEI Number Co-0229172 Applie					
City & State							68-0228173				Not Applicable		
Zip	Zip Country Zip				Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. N	ame and A	ddress of Ne	v Register	ed Agent			
	<u> </u>					Name							
NRAI SERVICES, INC.					Street Address (P.O. Box Number is Not Acceptable)								
	rk avenui							_					
	SSEE FL 32												
MEDITIO	JOEL 1 6 32					City		 ,			FL Z	ip Code	
						· ·				-			and account
the obligati	named entity ions of regist	y submits this statement fo ered agent.	or the purpos	e of changing its	registere	ed office or re	egistered age	ent, or both,	in the State o	r Fiorida. T	am tamilia	ar willi, a	ind accept
SIGNATURE .											ATE		
	Signature, typed	or printed name of registered agent	and title if applica	nble. (NOT	E: Registere	d Agent signature	e required when rei	nstating)					
After	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	of State						tion Campaigr t Fund Contrib				May Be to Fees
10.		OFFICERS AND			11.	<u> </u>	AD	DITIONS/C	HANGES TO	OFFICERS	AND DIRE	ECTORS	IN 11
ITLE	PC	0//102/10/11/0		☐ Delete	TITL	E						Change	☐ Addition
NAME	KENNEY,	W. P			NAM	IE .							
STREET ADDRESS		TA MESA ST.			STR	EET ADDRESS							
CITY-ST-ZIP	COSTA M	IESA CA 92626			CITY	'-ST-ZIP							
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NAME	MCKINNE				NAM		10929	DISH	IMAN PI	ACE			
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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:

MWithe Required TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR