

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0494308 AV

DOCUMENT # P00000076833

1. Entity Name  
ICON CAPITAL FUNDING, INC.

Principal Place of Business  
200 WINDWIARD  
CLEARWATER FL 33767

Mailing Address  
POST OFFICE BOX 3781  
CLEARWATER FL 33767

2. Principal Place of Business  
2908 EAGLE EST Cir N.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
CLEARWATER FL

City & State

Zip  
33761

Country  
PINELLAS

Zip

Country

4. FEI Number  
59-3668589

Applied For  
Not Applicable

5. Certificate of Status Desired

8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
GREBEL, THOMAS  
200 WINWARD PASSAGE  
CLEARWATER FL 33767

7. Name and Address of New Registered Agent  
Name  
THOMAS GOEBEL  
Street Address (P.O. Box Number is Not Acceptable)  
2908 EAGLE EST Cir N.  
City  
CLEARWATER FL Zip Code  
33761

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  
THOMAS GOEBEL  
Signature, typed or printed name of registered agent and title if applicable.

(New Registered Agent signature required when reinstating)

4/22/03  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
GOEBEL, THOMAS L  
200 WINDWARD PASSAGE  
CLEARWATER FL 33767

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:  
THOMAS GOEBEL  
Signature and typed or printed name of signing officer or director

4/22/03  
Date Daytime Phone #