2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000004129

Entity Name: ADVANTAGE MORTGAGE FUNDING, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
	HWAY ONE LM BEACH, FL	. 33408			
Current Mailing Address:			New Mailir	New Mailing Address:	
	BHWAY ONE LM BEACH, FL	. 33408			
FEI Number:		FEI Number Applied For (X)	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
741 US HIG	_, R. MICHAEL BHWAY ONE ILM BEACH, FL	. 33408			
The above in the State	named entity su of Florida.	bmits this statement for the pur	pose of changing it	s registered office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
		satisfy its Intangible Tax filing require Trust Fund Contribution ().	ement and elects to d	o so (X).	
	AND DIRECT	* *	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CALDWELL, R. N 13085 COASTAL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E FRIEDMAN, DAVI 7069 BRUNSWIC BOYNTON BEAC	CK CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E TUCKER, ALLEN 3440 SOUTH OC PALM BEACH, FL	EAN BLVD 502 S	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E JEFFER, HERMA 19950 BEACH RO JUPITER, FL 33-	DAD APT 8N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E BEBER, ROBERT 7228 QUEENFER BOCA RATON, FI	RRY CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () E BURK, ROBIN J 741 US HIGHWA' NORTH PALM BE		Title: Name: Address: City-St-Zip:	S (X) Change () Addition VALLARIO, LORI A 741 US HIGHWAY ONE NORTH PALM BEACH, FL 33408	

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: WILLIAM A. SCHOFIELD

T 05/01/2002

WILLIAM A. SCHOFIELD, TREASURER 2000 N. ESTRELLA CT., #206 PALM BEACH GARDENS, FL 33410