## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000026333

entite Names LINITED INVESTMENT FUND

1402 VICTORIA ISLE DR

FORT LAUDERDALE, FL 33327

Address: City-St-Zip: FILED Oct 14, 2004 Secretary of State

Entity Name: UNITED INVESTMENT FUNDING INC. **Current Principal Place of Business: New Principal Place of Business:** 5460 N STATE RD 7 STE 217 FORT LAUDERDALE, FL 33319 **New Mailing Address: Current Mailing Address:** 5460 N STATE RD 7 STE 217 FORT LAUDERDALE, FL 33319 FEI Number: 04-3622707 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLYTHE, PAUL 1225 NW 14 CT FORT LAUDERDALE, FL 33311 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete () Change () Addition BLYTHE, PAUL Name: Name: 1225 NW 14 CT Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: SD Title: (X) Delete () Change () Addition Name: BLYTHE, ENA Name: 1402 VICTORIA ISLE DR Address: Address: FORT LAUDERDALE, FL 33327 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition BLYTHE, NEVILLE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: PAUL BLYTHE P 10/14/2004