2003 FOR PROFIT CORPORATION

Mailing Address

SUITE 1109

1605 MAIN STREET

SARASOTA FL 34236

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

UNIFORM BUSINESS REPORT (UBR) P02000038969 DOCUMENT # 1. Entity Name AFFINITY FUNDING GROUP, INC.

Principal Place of Business

2. Principal Place of Business

Country

1605 MAIN STREET

SARASOTA FL 34236

Suite, Apt. #, etc.

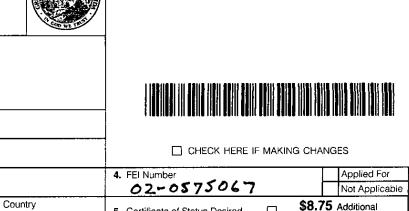
City & State

Zip

SUITE 1109



Fee Required



5. Certificate of Status Desired

7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLAUSE, BETH L Street Address (P.O. Box Number is Not Acceptable) 1605 MAIN STREET **SUITE 1109** SARASOTA FL 34236 Zip Code City

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ___ Addition TITLE INCORPORATOR □ Delete TITLE YORK, C. DOUGLAS NAME NAME 1605 MAIN ST. STE 1109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 TITLE DIRECTOR ☐ Delete TITLE ☐ Change Addition YORK, C. DOUGLAS 1605 MAIN ST. STE 1109 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34236 Delete ☐ Change ☐ Addition TITLE TITLE DIRECTOR COYNE, R. KINGSTON NAME NAME STREET ADDRESS 1605 MAIN ST. SUITE 1109 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SOROSOTA FL 34236 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 supplied ental 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 of the receiver or 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 attac

SIGNATURE: