

9/12/01-90014-014-\$550.00-\$550.00

### 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 24 AM 9:54

**DOCUMENT # P94000019666**

1. Entity Name  
**FINANCE FUNDING CORP.**

Principal Place of Business: **250 S AUSTRALIAN AVENUE 9TH FLOOR WEST PALM BEACH FL 33401 US**

Mailing Address: **250 S AUSTRALIAN AVE 9TH FLOOR W PALM BEACH FL 33401 US**

2. Principal Place of Business: Suite, Apt. #, etc.

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

City & State: City & State

Zip Country: Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0492974** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: **FL** Zip Code: \_\_\_\_\_

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>VCPO</b>	<input type="checkbox"/> Delete	TITLE: <b>V CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SHAW, PAUL A</b>		NAME: <b>Ben Kassen</b>	
STREET ADDRESS: <b>250 S AUSTRALIAN AVE 9TH FL</b>		STREET ADDRESS: <b>250 S. Australian Avenue 9th Floor</b>	
CITY-ST-ZIP: <b>W PALM BEACH FL 33401</b>		CITY-ST-ZIP: <b>West Palm Beach FL 33401</b>	
TITLE: <b>CCD</b>	<input checked="" type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HARTLEY, KEITH</b>		NAME: _____	
STREET ADDRESS: <b>250 S AUSTRALIAN AVENUE 9TH FL</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>W PALM BEACH FL 33401</b>		CITY-ST-ZIP: _____	
TITLE: <b>PCEO</b>	<input checked="" type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PAUL, JOSEPH A</b>		NAME: _____	
STREET ADDRESS: <b>250 S AUSTRALIAN AVENUE 9TH FL</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>WEST PALM BEACH FL 33401</b>		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: **9/12/01** Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)