## FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P96000081255 1. Entity Name FLORIDA HOME MORTGAGE NETWORK, INC. 01-29-2001 90135 001 \*\*\*150.00 Principal Place of Business Mailing Address 1515 NO FEDERAL HIGHWAY 1515 NO FEDERAL HIGHWAY BOCA RATON FL 33432 BOCA RATON FL 33432 KEODAA 2. Principal Place of Business 3. Mailing Address 715 EAST HILLSBORO BOULEVARD 715 EAST HILLSBORO BOULEVARD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0712021 Not Applicable DEERFIELD BEACH DEERFIELD BEACH Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33441 USA 33441 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANTHONY A. SIEGEL SIEGEL, ANTHONY A Street Address (P.O. Box Number is Not Acceptable) 1515 NO FEDERAL HIGHWAY **BOCA RATON FL 33432** 715 EAST HILLSBORO BOULEVARD Zip Code FL DEERFIELD BEACH 33441 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 (NOTE: Registered Agent signature required when reinstating) title if applicable. Signature, typed or printed name of register FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete PCD TITLE SIEGEL, ANTHONY A NAME ANTHONY A. SIEGEL 715 EAST HILLSBORO BOULEVARD STREET ADDRESS 1515 NO FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIF DEERFIELD BEACH, FL 33441 CITY-ST-ZIP **BOCA RATON FL 33432** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ANTHONY A. SIEGEL, PRESIDENT 954-426-3888