

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000016270

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** ICON CAPITAL MORTGAGE FUNDING, INC.

**Current Principal Place of Business:**

1820 W COLONIAL DR  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

1024 LANDVIEW COURT  
ORLANDO, FL 32828 US

**New Mailing Address:**

**FEI Number:** 59-3428172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOPSKER, TODD M  
390 ORANGE AVE. SUITE 1800  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PATTERSON, ZEPHLIN  
Address: 1024 LANDVIEW COURT  
City-St-Zip: ORLANDO, FL 32828

Title: VP ( ) Delete  
Name: PATTERSON, IAN  
Address: 11567 VICOLO LOOP  
City-St-Zip: WINDERMERE, FL 34786

Title: ST ( ) Delete  
Name: PATTERSON, LYNNE  
Address: 11567 VICOLO LOOP  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** LYNNE PATTERSON

ST

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date