## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P99000076330

1. Entity Name F.S. FUNDING, INC.



## **FILED** Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90106 019 \*\*\*150.00

Principal Place of Business   159 AMRISON STREET   159 AMRISON STREET   150 AMRISON STREET	1.0, 1011	J. 110.								
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Sille, APL 4 etc.    Sille, APL 4 etc.   Sille, APL 4 etc.	2. Principal P	lace of Business	3. Mailing Address	AFCIA	Se					
St. Certificate of Status Desired   St.	Suite, Apt.	#, etc.		740//7	ج الله	Z CHI	ECK HERE IF MAKING	CHANGES		
S. Certilicate of Status Desired   \$6.75 Astitional Fee Required   S. Name and Address of Current Registered Agent   Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address	City & State		City & State			4. FEI Number 65-0941492		<del> </del>		7
KRASSNER, WILLIAM  IS39 HARRISON STREET HOLLYWOOD FL 33020  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. I am familiar with, and accept the obligations of personant agent and the Lesscable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  0. Election Compalgn Financing ITILE  NAME STREET ADDRESS OIT-SI-JP  ITILE  OIT-SI-JP  OIT-SI-JP  OIT-SI-JP  OIT-SI-JP  OIT-SI-JP  OIT-SI-JP  OI	Žip	Country	32928	Count	try SA	5. Certificate of Statu	s Desired	<b>\$8.75</b> Ad	ditional	1
Street Address (P.O. Box Number's Not Acceptable)		6. Name and Address of Current	t Registered Agent		Nama	7. Name and Addres				1
SIGNATURE    Stock Address (PU Box Number is Not Acceptable)	KRASSNE	R WILLIAM	in the state of th	المستسبق ومحب	Name					
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florida.   Signature, park agents agent age					Street Address (P.O. Box Number is Not Acceptable)					
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12. I hereby certify that the information supplied with this filling 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 with that I am an officer or director.										
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changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**