
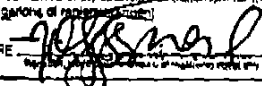
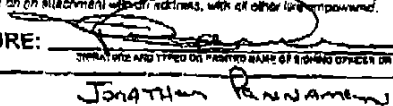


FILED

2006 OCT -9 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # F05000008136			
1. Entity Name BABYLON FUNDING GROUP INC.			
Principal Place of Business 73 DEER PARK AVENUE, SUITE 1 BABYLON, NY 11702		Mailing Address 73 DEER PARK AVENUE, SUITE 1 BABYLON, NY 11702	
2. Principal Place of Business		3. Mailing Address	
Succ. Apt. #, etc.		Succ. Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 20-1307422		Agreed For Not Applicable	
5. Continuation of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. The above named entity submitting 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 		Arlene Bernal President	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
9. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANNAMAN, JONATHAN D	NAME	400080639644
STREET ADDRESS	73 DEER PARK AVENUE, SUITE 1	STREET ADDRESS	10/09/06--01045--020
CITY-ST-ZIP	BABYLON, NY 11702	CITY-ST-ZIP	**150.00
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANNAMAN, JONATHAN D	NAME	
STREET ADDRESS	73 DEER PARK AVENUE, SUITE 1	STREET ADDRESS	
CITY-ST-ZIP	BABYLON, NY 11702	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 118, 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 registered or license-empowered trademark agent; that this report is required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment without notations, with all other information.			
SIGNATURE: 		10/6/06 631-321-0453 #221	
PRINT NAME AND TYPED ON PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Jonathan Pannaman		Date	

10/10
00