


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000004821
 1. Entity Name
 COMREN, INC.



Principal Place of Business: 3031 N. SAN FERNANDO BLVD. BURBANK, CA 91504
 Mailing Address: 3031 N. SAN FERNANDO BLVD. BURBANK, CA 91504

DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number: 95-4395142 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: AMSTUTZ, KAREN STREET ADDRESS: 3031 N SAN FERNANDO BLVD CITY - ST - ZIP: BURBANK, CA 91504	<p>U00000124603 04/22/04-80051-024 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE: DS NAME: AMSTUTZ, WILLIAM STREET ADDRESS: 3031 N. SAN FERNANDO BLVD. CITY - ST - ZIP: BURBANK, CA 91504	
TITLE: D NAME: AMSTUTZ, CHERYL STREET ADDRESS: 3031 N. SAN FERNANDO BLVD. CITY - ST - ZIP: BURBANK, CA 91504	
TITLE: CPT NAME: AMSTUTZ, EDWARD STREET ADDRESS: 3031 N SAN FRANCISCO BLVD CITY - ST - ZIP: BURBANK, CA 91504	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Amstutz Pres Date: 4/19/04 Daytime Phone #: 818-568-3100