


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000004821  
 1. Entity Name  
 COMREN, INC.



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

**DO NOT WRITE IN THIS SPACE**



01042005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 95-4395142      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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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
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	

**DO NOT WRITE IN THIS SPACE**

100000267784  
 03/18/05-80017-009 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Amstutz      EDWARD AMSTUTZ      3/11/05      818-558-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      FILED      D-2005-0318-009