


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90049 032 ***150.00

DOCUMENT # F00000003513	
1. Entity Name TARGET MEDIA PARTNERS OPERATING COMPANY	

Principal Place of Business 5900 WILSHIRE BLVD., SUITE 650 550 LOS ANGELES, CA 90036	Mailing Address 5900 WILSHIRE BLVD., SUITE 650 550 LOS ANGELES, CA 90036
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2. Principal Place of Business 2549 West Tennessee St	3. Mailing Address 5900 Wilshire Blvd
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Suite, Apt. #, etc. Suite 550	Suite, Apt. #, etc. Suite 550
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City & State Tallahassee, FL	City & State Los Angeles, CA
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Zip 32304	Country USA	Zip 90036	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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NRAI SERVICES INC 526 E PARK AVENUE TALLAHASSEE, FL 32301	Name
	Street Address (P.O. Box Number is Not Acceptable)
	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 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SCHIFFMACHER, MARK D 5900 WILSHIRE BLVD., SUITE 650 LOS ANGELES, CA 90036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same except => Suite 550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO HUMPHREVILLE, SUSAN M 5900 WILSHIRE BLVD., SUITE 650 LOS ANGELES, CA 90036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same except => Suite 550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Susan Humphreville **SUSAN M. HUMPHREVILLE** 1/12/04 3123 xt. 111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #