


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000003798	
1. Entity Name COMSCAPE TELECOMMUNICATIONS, INC.	

Principal Place of Business 1926 10TH AVE. N., STE. 305 WEST PALM BEACH, FL 33461-3310	Mailing Address 1926 10TH AVE. N., STE. 305 WEST PALM BEACH, FL 33461-3310
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1470037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PATEL, GHANSHYAM C
1926 10TH AVE. N., STE. 305
WEST PALM BEACH, FL 33461-3310**

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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)

Signature, typed or printed name of registered agent and title if applicable. 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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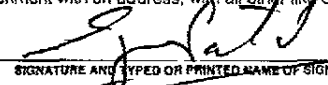
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC PATEL, GHANSHYAM C 1926 10TH AVE. N., STE. 305 WEST PALM BEACH, FL 334613310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MODI, BHOGIN 1926 10TH AVE. N., STE. 305 WEST PALM BEACH, FL 334613310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATEL, RAMAN 1926 10TH AVE. N., STE. 305 WEST PALM BEACH, FL 334613310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/23/04-80076-023 150.00

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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:  **1/6/04** **361-540-4760**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #