2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000101189

1. Entity Name
COMATRIX MEDIA PARTNERS, INC.

Principal Place of Business	Mailing Address
14545 J MILITARY TRAIL DELRAY BEACH, FL 33484	14545 J MILITARY TRAIL DELRAY BEACH, FL 33484

DO NOT WRITE IN THIS SPACE

04192004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
74-3062329	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD. N.W., STE. 401
BOCA RATON, FL 33431

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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_____

Signature, typed or printed name of registered agent and title if applicable   (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

1100000124362
04/22/04-80042-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUPRECHT, STEVEN
STREET ADDRESS	3852 SATIN LEAF CT
CITY-ST-ZIP	DELRAY BEACH, FL 33445

TITLE	V
NAME	REED, STEVE
STREET ADDRESS	3915- D VILLIAGE DR
CITY-ST-ZIP	DELRAY BEACH, FL 33445

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Steve Ruprecht_   4-19-04   561-496-300?

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