

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K21184 (2)**

1. Corporation Name
NETWORKS-U.S.A. XI, INCORPORATED

Principal Place of Business Mailing Address
% JEROME FELDMAN **% JEROME FELDMAN**
P.O. BOX 610096 **P.O. BOX 610096**
N MIAMI FL 33261-7096 **N MIAMI FL 33261-7096**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
04/18/1988 **04/22/1984**

4. FEI Number Applied For
65-0049433 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 800 Brickell Avenue **26 800 Brickell Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 605 **27 605**
City & State City & State
23 Miami, Florida **28 Miami, Florida**
Zip Country Zip Country
24 33131 **25 USA** **29 33131** **30 USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

FELDMAN, JEROME **81 Name**
11900 BISCAYNE BLVD **82 Street Address (P.O. Box Number is Not Acceptable)**
PENTHOUSE 800 **800 Brickell Avenue**
NO MIAMI FL 33181 **83 Suite 605**
84 City **Miami** **85 Zip Code** **FL 33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature (typed or printed name of registered agent and title if applicable) (NOT) Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JEROME	1 2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	1 3 STREET ADDRESS	800 Brickell Avenue, Ste. 605
CITY, ST, ZIP	NO MIAMI FL	1 4 CITY - ST - ZIP	Miami, Florida 33131
TITLE	T	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MICHAEL	2 2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	2 3 STREET ADDRESS	800 Brickell Avenue, Ste. 605
CITY, ST, ZIP	NO MIAMI FL	2 4 CITY - ST - ZIP	Miami, Florida 33131
TITLE	S	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JASON	3 2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	3 3 STREET ADDRESS	800 Brickell Avenue, Ste. 605
CITY, ST, ZIP	NO MIAMI FL	3 4 CITY - ST - ZIP	Miami, Florida 33131
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY, ST, ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY, ST, ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY, ST, ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature on this report is the same as my signature on the public record only, 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 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *Jason Feldman* Jason Feldman 42195 3055300800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer/Agent #