

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K21188** (3)

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

Principal Place of Business Mailing Address
% JEROME FELDMAN **% JEROME FELDMAN**
P.O. BOX 610096 **P.O. BOX 610096**
N MIAMI FL 33261-0096 **N MIAMI FL 33261-0096**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/18/1988** 3a. Date of Last Report **04/22/1994**

4. FEI Number **65-0049790** Applied For Not Applicable

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

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

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
FELDMAN, JEROME
11900 BISCAYNE BLVD, #800
N MIAMI FL 33181

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
800 Brickell Avenue
83 Suite **605**
84 City **Miami** FL 85 Zip Code **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 _____ DATE _____
Signature: typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	FELDMAN, JEROME
STREET ADDRESS	11900 BISCAYNE BLVD #800
CITY-ST-ZIP	N MIAMI FL
TITLE	T
NAME	FELDMAN, MICHAEL
STREET ADDRESS	11900 BISCAYNE BLVD #800
CITY-ST-ZIP	N MIAMI FL
TITLE	S
NAME	FELDMAN, JASON
STREET ADDRESS	11900 BISCAYNE BLVD #800
CITY-ST-ZIP	N MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	800 Brickell Ave., Ste. 605
14 CITY-ST-ZIP	Miami, Florida 33131
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	800 Brickell Ave., Ste. 605
24 CITY-ST-ZIP	Miami, Florida 33131
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	800 Brickell Avenue, Ste. 605
34 CITY-ST-ZIP	Miami, Florida 33131
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 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 007, 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** 4-21-95 3055300800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)