

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90162 001 *5,267.50

DOCUMENT # K30649

1. Entity Name
NETWORKS-U.S.A. XVII, INCORPORATED

| | |
|--|---|
| Principal Place of Business 650 WEST AVE. PH-14 MIAMI BEACH FL 33139 US | Mailing Address P.O. BOX 398750 MIAMI BEACH FL 33139 |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

NOTE: NEW ADDRESS

| | |
|---|--|
| City & State 3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021 | City & State PO BOX 816999 HOLLYWOOD, FL 33081-6999 |
| Zip | Zip Country |

| | |
|------------------------------------|--|
| 4. FEI Number 65-0065328 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| |
|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|---|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELDMAN, JEROME
 650 WEST AVE PH14
 MIAMI BEACH FL 33139**

| | |
|--|---|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | 3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021 |
| 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.

SIGNATURE *Jerome Feldman* DATE 4/18/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FELDMAN, JEROME 650 WEST AVE. PH14 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FELDMAN, MICHAEL 650 W. AVE - PH14 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FELDMAN, JASON 650 WEST AVE. PH14 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021 |
| 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 |

13. 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 11 or Block 12 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE: *Jerome Feldman* Date 4/18/01 954
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (10/00)