

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K30649

FILED
Apr 09, 2004
Secretary of State

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

Current Principal Place of Business:

3537 EMERALD OAKS DRIVE
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

33000 PORTOFINO CIRCLE
101
PALM BEACH GARDENS, FL 33418 US

Current Mailing Address:

P.O. BOX 816999
HOLLYWOOD, FL 330816999

New Mailing Address:

P.O. BOX 31849
PALM BEACH GARDENS, FL 33420

FEI Number: 65-0065328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDMAN, JEROME
3537 EMERALD OAKS DRIVE
HOLLYWOOD, FL 33021

Name and Address of New Registered Agent:

FELDMAN, JEROME
P.O. BOX 31849
PALM BEACH GARDENS, FL 33420

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

04/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FELDMAN, JEROME,
Address: 3537 EMERALD OAKS DRIVE
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: T () Delete
Name: FELDMAN, MICHAEL,
Address: 3537 EMERALD OAKS DRIVE
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: S () Delete
Name: FELDMAN, JASON,
Address: 3537 EMERALD OAKS DRIVE
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FELDMAN, JEROME,
Address: P.O. OBX 31849
City-St-Zip: PALM BEACH GARDENS, FL 33420 US

Title: T (X) Change () Addition
Name: FELDMAN, MICHAEL,
Address: P.O. BOX 31849
City-St-Zip: PALM BEACH GARDENS, FL 33420 US

Title: S (X) Change () Addition
Name: FELDMAN, JASON,
Address: P.O. BOX 31849
City-St-Zip: PALM BEACH GARDENS, FL 33420 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME FELDMAN

DP

04/09/2004

Electronic Signature of Signing Officer or Director

Date