

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Merham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** K30651  
 1. Corporation Name  
NETWORKS - U.S.A. XV III, INCORPORATED

Principal Place of Business: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	<u>2005 NE. 121 Rd.</u>	26	<u>P.O. Box 610096</u>	4. FEI Number <u>65-0065330</u>		Applied For Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State <u>N. MIAMI, FL</u>		28. City & State <u>N. MIAMI, FL</u>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip <u>33181</u>	25	Country	29	Zip <u>33261-0096</u>	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

81 Name: JEROME FELDMAN  
 82 Street Address (P.O. Box Number is Not Acceptable): 2005 N.E. 121 Rd.  
 83 \_\_\_\_\_  
 84 City: N. MIAMI FL 85 Zip Code: 33181

11. Pursuant to the provisions of Sections 607.0602 and 119.1508, 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 607.0605, Florida Statutes.

SIGNATURE: [Signature] Jerome Feldman 4/30/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>President</u>	1.1 TITLE	<u>P</u>
NAME	<u>JEROME FELDMAN</u>	1.2 NAME	
STREET ADDRESS	<u>2005 N.E. 121 RD.</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>N. MIAMI, FL 33181</u>	1.4 CITY-ST-ZIP	
TITLE	<u>Secretary</u>	2.1 TITLE	
NAME	<u>MICHAEL FELDMAN</u>	2.2 NAME	
STREET ADDRESS	<u>2005 N.E. 121 RD.</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>N. MIAMI, FL 33181</u>	2.4 CITY-ST-ZIP	
TITLE	<u>Treasurer</u>	3.1 TITLE	
NAME	<u>JASON FELDMAN</u>	3.2 NAME	
STREET ADDRESS	<u>2005 N.E. 121 RD.</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>N. MIAMI, FL 33181</u>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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[Signature]

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)(c), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or in an attachment with an address.

SIGNATURE: [Signature] Jason Feldman 4/30/96 (305) 895-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)