

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2001 90162 001 *5,267.50

DOCUMENT # K30652

1. Entity Name

NETWORKS-U.S.A. XIX, INCORPORATED

Principal Place of Business

650 WEST AVE.
 PH-14
 MIAMI BEACH FL 33139
 US

Mailing Address

P.O. BOX 398750
 MIAMI BEACH FL 33239

68914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3537 EMERALD OAKS DRIVE

Suite, Apt. #, etc.

NOTE: NEW ADDRESS

PO BOX 816999

City & State **HOLLYWOOD, FL 33021**

City & State **HOLLYWOOD, FL 33081-6999**

4. FEI Number

65-0065333

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jerome Feldman

4/18/01

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	<input type="checkbox"/> Delete
DP	FELDMAN, JEROME	650 WEST AVE PH14	MIAMI BEACH FL 33139	<input type="checkbox"/>
T	FELDMAN, MICHAEL	650 WEST AVE. - PH14	MIAMI BEACH FL 33139	<input type="checkbox"/>
S	FELDMAN, JASON	650 WEST AVE. - PH14	MIAMI BEACH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		3537 EMERALD OAKS DRIVE	HOLLYWOOD, FL 33021	<input type="checkbox"/>	<input type="checkbox"/>
		3537 EMERALD OAKS DRIVE	HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3537 EMERALD OAKS DRIVE	HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/00)

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, with all other like empowered.

SIGNATURE:

Jerome Feldman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01
 DATE

954 981-0530
 Daytime Phone #