

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**  
 05-06-2000 90237 001 \*5,400.00

**DOCUMENT # K30653**

1. Entity Name  
**NETWORKS-U.S.A. XX, INCORPORATED**

Principal Place of Business <b>650 WEST AVE.                  PH14                  MIAMI BEACH FL 33139                  US</b>	Mailing Address <b>P.O. BOX 398750                  MIAMI BEACH FL 33239-8750</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0065325** 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  
**FELDMAN, JEROME  
 650 WEST AVE PH-14  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2000 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  Delete  
 NAME **DP**  
**FELDMAN, JEROME**  
 STREET ADDRESS **650 WEST AVE. PH14**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Change  Addition

TITLE  Delete  
 NAME **TD**  
**FELDMAN, MICHAEL**  
 STREET ADDRESS **650 WEST AVE - PH14**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Change  Addition

TITLE  Delete  
 NAME **SD**  
**FELDMAN, JASON**  
 STREET ADDRESS **650 WEST AVE PH14**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  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, with all other like empowered.

SIGNATURE: *[Signature]* **FELDMAN** Date: **3/31/00** Daytime Phone #: **895-7000**

CR2E034 (9/99)