2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # K30653** 1. Entity Name NETWORKS-U.S.A. XX, INCORPORATED 04-30-2001 90162 001 *5,267.50 Principal Place of Business Mailing Address P.O. BOX 398750 650 WEST AVE. MIAMI BEACH FL 33239 PH14 MIAMI BEACH FL 33139 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suffe: Apt. #. etc. NOTE: NEW ADDRESS 3537 EMERALD OAKS DRIVE Applied For City & State PO BOX 816999 4. FEI Number 65-0065325 HOLLYWOOD, FL 33021 Not Applicable HOLLYWOOD, FL 33081-6999 Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELDMAN, JEROME Street Address (P.O. Box Number is Not Acceptable) 650 WEST AVE PH-14 3537 EMERALD OAKS DRIVE MIAMI BEACH FL 33139 HOLLYWOOD, FL 33021 Zip Code City FL 8. The above named exity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation ligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITLE TITLE NAME FELDMAN, JEROME 3537 EMERALD OAKS DRIVE STREET ADDRESS STREET ADDRESS 650 WEST AVE. PH14 HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Change ■ Addition □ Delete TITLE 3537 EMERALD OAKS DRIVE NAME NAME FELDMAN, MICHAEL HOLLYWOOD, FL 33021 STREET ADDRESS STREET ADDRESS 650 WEST AVE - PH14 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete TITLE Change ☐ Addition TITLE SD 3537 EMERALD OAKS DRIVE NAME NAME FELDMAN, JASON STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33021 650 WEST AVE PH14 CITY-ST-79 CITY-ST-ZIP MIAMI BEACH FL 33139 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with the 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 in frue 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 artifices, with all other like empowered. SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO