

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2001 90162 001 \*5,267.50

0501652

**DOCUMENT # M42513**

1. Entity Name

**NETWORKS-U.S.A. I, INCORPORATED**

Principal Place of Business

650 WEST AVE.  
 P-14  
 MIAMI BEACH FL 33139

Mailing Address

P.O. 398750  
 MIAMI BEACH FL 33239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NOTE: NEW ADDRESS**

3537 EMERALD OAKS DRIVE  
 HOLLYWOOD, FL 33021

City & State **PO BOX 816999**  
**HOLLYWOOD, FL 33081-6999**

4. FEI Number **59-2744035**

Applied For  
 Not Applicable

Zip Country  
 Palmdale

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELDMAN, JEROME**  
**650 W. AVE PH14**  
**MIAMI BEACH FL 33139**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **3537 EMERALD OAKS DRIVE FL** Zip Code **HOLLYWOOD, FL 33021**

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

*Jerome Feldman*

4/18/2001

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

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 PH-14	MIAMI BEACH FL 33139	<input type="checkbox"/>
TD	FELDMAN, MICHAEL	650 WEST AVE PH-14	MIAMI BEACH FL 33139	<input type="checkbox"/>
SD	FEIDMAN, JASON	650 WEST AVE PH-14	MIAMI BEACH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		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"/>
		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"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jerome Feldman*

4/18/01 954-981-0500

Date Daytime Phone #

CR2E034 (10/00)