

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 27 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M42515** (0)

1. Corporation Name

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

Principal Place of Business

P.O. BOX 610096  
NORTH MIAMI FL 33261-7096

Mailing Address

P.O. BOX 610096  
NORTH MIAMI FL 33261-7096

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/02/1986** 3a. Date of Last Report **04/22/1994**

4. FEI Number **59-2744038** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 **800 Brickell Ave.**

Suite, Apt. #, etc.

22 **605**

City & State

23 **Miami, Florida**

Zip

24 **33131**

Country

25 **USA**

2a. Mailing Address

26 **800 Brickell Ave.**

Suite, Apt. #, etc.

27 **605**

City & State

28 **Miami, Florida**

Zip

29 **33131**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**FELDMAN, JEROME  
11900 BISCAYNE BLVD  
PENTHOUSE 800  
NO MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**800 Brickell Avenue**  
83 **Suite 605**  
84 City **Miami** 85 Zip Code **FL 33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JEROME	1.2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	1.3 STREET ADDRESS	800 Brickell Avenue, Ste. 605
CITY - ST - ZIP	NO MIAMI FL	1.4 CITY - ST - ZIP	Miami, Florida 33131
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MICHAEL	2.2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	2.3 STREET ADDRESS	800 Brickell Ave., Ste. 605
CITY - ST - ZIP	NO MIAMI FL	2.4 CITY - ST - ZIP	Miami, Florida 33131
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JASON	3.2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	3.3 STREET ADDRESS	800 Brickell Ave., Ste. 605
CITY - ST - ZIP	NO MIAMI FL	3.4 CITY - ST - ZIP	Miami, Florida 33131
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 if changed or on an attachment with an address.

SIGNATURE:

*Jason Feldman*

JASON FELDMAN

4-21-95

3055300800

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(System Trace #)