

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

**APPROVED  
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**95 APR 27 AM 10: 48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # M47518 (9)**

**1. Corporation Name  
NETWORKS-U.S.A. IV, INCORPORATED**

**Principal Place of Business Mailing Address**  
% JEROME FELDMAN % JEROME FELDMAN  
P.O. BOX 610096 P.O. BOX 610096  
N MIAMI FL 33261-7096 N MIAMI FL 33261-7096

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	800 Brickell Ave.	26	800 Brickell Ave.	03/02/1987	04/22/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	605	27	605	59-2794320	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Miami, Florida	28	Miami, Florida	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33131	29	Zip 33131	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
25	Country USA	30	Country USA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FELDMAN, JEROME 11900 BISCAYNE BLVD PENTHOUSE 800 NO MIAMI FL 33181				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	800 Brickell Avenue		
				84	Suite 605		
				85	City Miami		
				86	FL 33131		

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when rotating) DATE

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	12 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	13 STREET ADDRESS	800 Brickell Avenue, Ste. 605
CITY - ST - ZIP	NO MIAMI FL	14 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 Avenue, 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 Avenue, 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)(k), 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, on an attachment with an address.

SIGNATURE: Jason Feldman Jason Feldman 4-21-95 305 530 0300  
(Signature typed or printed name of signing officer or director) (Date) (Telephone #)