

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

**APPROVED  
AND  
FILED**

**95 APR 27 AM 10:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **M47519 (7)**  
1. Corporation Name  
**NETWORKS-U.S.A. V, 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

3. Date Incorporated or Qualified: **03/02/1987**  
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business: 21 **800 Brickell Ave.**  
22 **605**  
23 **Miami, Florida**  
24 **33131** 25 **USA**  
2a. Mailing Address: 26 **800 Brickell Ave.**  
27 **605**  
28 **Miami, Florida**  
29 **33131** 30 **USA**

4. FEI Number: **59-2803610**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **FELDMAN, JEROME  
11900 BISCAYNE BLVD, #800  
N 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 Ave.**  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDMAN, JEROME</b>	1.2 NAME	
STREET ADDRESS	<b>11900 BISCAYNE BLVD #800</b>	1.3 STREET ADDRESS	<b>800 Brickell Ave., Ste. 605</b>
CITY - ST - ZIP	<b>N MIAMI FL</b>	1.4 CITY - ST - ZIP	<b>Miami, Florida 33131</b>
TITLE	<b>S</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDMAN, JASON</b>	2.2 NAME	
STREET ADDRESS	<b>11900 BISCAYNE BLVD #800</b>	2.3 STREET ADDRESS	<b>800 Brickell Ave., Ste. 605</b>
CITY - ST - ZIP	<b>N MIAMI FL</b>	2.4 CITY - ST - ZIP	<b>Miami, Florida 33131</b>
TITLE	<b>T</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDMAN, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>11900 BISCAYNE BLVD #800</b>	3.3 STREET ADDRESS	<b>800 Brickell Ave., Ste, 605</b>
CITY - ST - ZIP	<b>N MIAMI FL</b>	3.4 CITY - ST - ZIP	<b>Miami, Florida 33131</b>
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, or on an attachment with an address.

SIGNATURE: *Jason Feldman* **JASON FELDMAN** 4-21-95 3055300800  
DATE: \_\_\_\_\_