

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

**APPROVED
AND
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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. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M62945 (4)

1. Corporation Name
NETWORKS-U.S.A. X, INCORPORATED

Principal Place of Business P.O. BOX 610096 POST OFFICE BOX 610096 NORTH MIAMI FL 33261-7096	Mailing Address P.O. BOX 610096 POST OFFICE BOX 610096 NORTH MIAMI FL 33261-7096
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/24/1987	3a. Date of Last Report 04/22/1994
4. FEI Number 65-0018066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 800 Brickell Ave.	2a. Mailing Address 26 800 Brickell Ave.
Suite, Apt. #, etc. 22 605	Suite, Apt. #, etc. 27 605
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131	Country 25 USA
Zip 29 33131	Country 30 USA

9. Name and Address of Current Registered Agent

**FELDMAN JEROME
11900 BISCAYNE BLVD
PENTHOUSE 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 Avenue
83	Suite 605
84 City	Miami
85 State	FL
86 Zip Code	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 _____ DATE _____
Signature: Typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	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 Ave., Ste. 605
CITY- ST- ZIP	N MIAMI FL	14. CITY- ST- ZIP	Miami, Florida 33131
TITLE	T	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MICHAEL	22. NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	23. STREET ADDRESS	800 Brickell Ave., Ste. 605
CITY- ST- ZIP	N MIAMI FL	24. CITY- ST- ZIP	Miami, Florida 33131
TITLE	S	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JASON	32. NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	33. STREET ADDRESS	800 Brickell Ave., Ste. 605
CITY- ST- ZIP	N MIAMI FL	34. CITY- ST- ZIP	Miami, Florida 33131
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. 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 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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** 421.95 305 5300800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR