

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **M62946** (2)

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

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

3. Date Incorporated or Qualified 11/24/1987 3a. Date of Last Report 04/22/1994

2. Principal Place of Business 2a. Mailing Address  
21 800 Brickell Ave. 26 800 Brickell Ave.

4. FEI Number 65-0017856 Applied For Not Applicable

22 605 Suite, Apt. #, etc. 27 605 Suite, Apt. #, etc.  
City & State City & State

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

23 Miami, Florida 28 Miami, Florida

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

24 33131 Zip 25 USA Country 29 33131 Zip 30 USA Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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) 800 Brickell Ave.  
83 Suite 605  
84 City Miami FL 85 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

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

(NOTE: Registered Agent signature required when filing)

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 Ave., 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)(k), Florida Statutes. I further certify that the information contained on this annual report or supplementary 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 3055500800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Initial Phone #)